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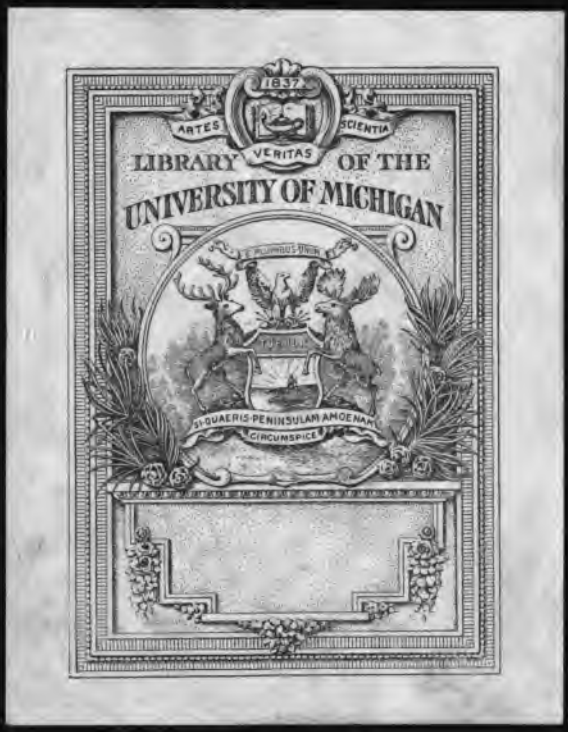

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TRANSACTIONS

OF THE

THIRTY-SEVENTH ANNUAL MEETING

OF THE

ILLINOIS STATE MEDICAL SOCIETY,

HELD IN

CHICAGO, MAY 17, 18 and 19,

1887.

CHICAGO:
THE CLARK & LONGLEY COMPANY, PRINTERS,
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☞ *The Thirty-Eighth Annual meeting will be held in Rock Island, beginning at 10 o'clock, A. M., Tuesday, the 15th day of May, 1888.*

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OFFICERS, COMMITTEES AND LIST OF MEMBERS

FOR THE YEAR 1887–88.

OFFICERS.

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First Vice-President.

CHARLES WARRINGTON EARLE, CHICAGO.

Second Vice-President.

PHILLIP H. OYLER, MT. PULASKI.

Permanent Secretary.

DAVID W. GRAHAM, CHICAGO

Assistant Secretary.

GEORGE L. EYSTER, ROCK ISLAND.

Treasurer.

WALTER HAY, CHICAGO.

Judicial Council.

Term Expires 1888... { EPHRAIM INGALS, Chicago, FRANCIS B. HALLER, Vandalia. WILLIAM HILL, Bloomington.

Term Expires 1889... { CHARLES C. HUNT, Dixon. A. T. BARNES, Bloomington. L. G. THOMPSON, Lacon.

Term Expires 1890... { ALPHONZO WETMORE, Waterloo. SAMUEL C. PLUMER, Rock Island. BENJAMIN F. CRUMMER, Warren.

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Standing Committees.

Practice of Medicine..	FRANK BILLINGS, Chicago. G. W. NESBITT, Sycamore. ADELBERT H. TAGERT, Chicago.
Surgery.....	W. S. CALDWELL, Freeport. BENJAMIN F. CRUMMER, Warren. SAMUEL K. CRAWFORD, Chicago.
Obstetrics	GEO. WHEELER JONES, Danville. CHARLES C. HUNT, Dixon. CATHARINE SLATER, Aurora.
Gynecology	A. REEVES JACKSON, Chicago. T. M. CULLIMORE, Jacksonville. MARY E. BATES, Chicago.
Drugs and Medicine..	D. S. BOOTH, Sparta. A. J. C. SAUNIER, Libertyville. JOHN A. ROBISON, Chicago.
Ophthalmology and Otology.....	EDWARD L. HOLMES, Chicago. SETH S. BISHOP, Chicago. C. A. PALMER, Princeton.
Necrology.....	EHARAIM INGALS, Chicago. JOHN H. RAUCH, Springfield. OTHO B. WILL, Peoria.
Publication	DAVID W. GRAHAM, Chicago. WALTER HAY, Chicago. GEORGE L. EYSTER, Rock Island.
Committee of Arrangements.....	C. TRUESDALE.....Rock Island. THOMAS GALT..... " " C. BERNHARDI..... " " G. G. CRAIG..... " " S. C. PLUMMER..... " " C. C. CARTER..... " " GEO. E. BARTH..... " " P. GREGG..... " " G. L. EYSTER,(ex-officio) " "

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Special Committees.

Diseases of Children..	A. E. Goodwin, Rockford. Mary H. Thompson, Chicago. Washington West, Belleville.
Antiseptic Obstetrics..	Chas. W. Earle, Chicago.
Intubation of Larynx.	Frank E. Waxham, Chicago.
The Present Status of Bacteriology in its Relation to Disease.	Romaine J. Curtis, Joliet. Frank S. Johnson, Chicago.
Pelvic Surgery.....	Wm. J. Chenoweth, Decatur. Sarah H. Stevenson, Chicago.
Venereal Disease.....	Harold N. Moyer, Chicago. Isaac N. Danforth, Chicago. J. J. M. Angear, Chicago.
Hypnotics.....	Daniel R. Brower, Chicago.
Compound Fractures.	D. A. K. Steele, Chicago.
Hernia.....	David W. Graham, Chicago.
Some Topic on Gynecology.....	Marie J. Mergler, Chicago.
Physiology.....	Alphonso Wetmore, Waterloo.
Dermatology.....	Henry J. Reynolds, Chicago.
Neurology.....	Horace Wardner, Anna. J. L. Gray, Chicago.
The Exigencies and Excitements during the First Labor....	James S. Whitmire, Metamora.
Legislation for the Insane.....	Walter Hay, Chicago. Edgar P. Cook, Mendota. Francis B. Haller, Vandalia.
Medical and Sanitary Legislation.....	B. M. Griffith, Springfield. W. A. Haskell, Alton. John L. White, Bloomington. Albert B. Strong, Chicago.

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Influence of Appreciable Meteorological and Topographical Conditions on the Prevalence of Acute Diseases.....	NATHAN S. DAVIS, Chicago. JOHN H. HOLLISTER, Chicago. JAMES F. TODD, Chicago. EDGAR P. COOK, Mendota. GEORGE W. JONES, Danville.
Biographical.....	JOHN H. HOLLISTER, Chicago. EPHRAIM INGALS, Chicago. CHARLES C. HUNT, Dixon. FRANCIS B. HALLER, Vandalia. A. M. POWELL, Collinsville. EDGAR P. COOK, Mendota. JOHN S. WILLIAMS, Otterville. GEORGE W. JONES, Danville. THOMAS F. WORRELL, Bloomington. ROBERT BOAL, Peoria. HUGH R. GUTHRIE, Sparta.
Improvement of State and Local Medical Organization and on Revision of the Constitution.....	EDGAR P. COOK, Mendota. THOMAS M. MCILVAINE, Peoria. A. E. GOODWIN, Rockford.
Appointment of Delegates to the American Medical Association for 1888	CHAS. W. EARLE, Chicago. DAVID W. GRAHAM, " GEO. W. JONES, Danville.

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LIST OF MEMBERS.

SMALL CAPITALS indicate those who, having paid their annual dues for fifteen consecutive years, are exempt under resolution adopted May 19th, 1881, and are Life Members.

* Indicates those who have paid their annual dues for the current year.

** Exempt by special vote of the Society.

Absence of * indicates those who have *not* paid their annual dues for the current year.

Italics indicate those who have not paid their dues for two preceding years, and whose names will not again appear in this class, under Section VII., Clause III., of the Constitution.

LIFE MEMBERS.

NAMES.	POSTOFFICE.	COUNTY.
ALBIN, G. W.	Neoga	Cumberland.
ALLEN, J. ADAMS	Chicago	Cook.
ANDREWS, EDMUND	Chicago	Cook.
BOAL, ROBERT	Peoria	Peoria.
BYFORD, W. H.	Chicago	Cook.
*COOK, E. P.	Mendota	LaSalle.
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DAVISON, J. B.	Moline	Rock Island
*ENSIGN, W. O.	Rutland	LaSalle.
FINK, ISAAC W.	Hillsboro	Montgomery.
GALT, THOMAS	Rock Island	Rock Island.
GOODBRAKE, C.	Clinton	DeWitt.
HALLER, F. B.	Vandalia	Fayette.
HERRIOTT, E. L.	Jacksonville	Morgan.
HOLLISTER, JNO. H.	Chicago	Cook.
HOLMES, E. L.	Chicago	Cook.
HUNT, C. C.	Dixon	Lee.
*INGALS, EPHRAIM	Chicago	Cook.
INGALS, E. FLETCHER	Chicago	Cook.
ISHAM, RALPH N.	Chicago	Cook.

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JENKS, D. S.	Plano	Kendall.
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PATTERSON, R. J.	Batavia	Kane.
PITNER, T. J.	Jacksonville	Morgan.
PRINCE, DAVID	Jacksonville	Morgan.
READ, N. S.	Chandlerville	Cass.
ROSKOTEN, ROBERT	Peoria	Peoria.
WARE, LYMAN	Chicago	Cook.
**WHITMIRE, JAS. S.	Metamora	Woodford.
WILLARD, E. R.	Wilmington	Will.
WORRELL, T. F.	Bloomington	McLean.
WRIGHT, JNO.	Clinton	DeWitt.

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Almond, R. J.	*Palmyra*	*Macoupin.*
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Andrews, F. T.	Chicago	Cook.
*Angear, J. J. M.	Chicago	Cook.
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Armstrong, C.	*Carrollton*	*Green.*
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Barlow, C.	Eabon	Crawford.
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*Braffett, J. H.	Paw Paw	Lee.
*Bridge, Norman	Chicago	Cook.
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Burlingame, D. E.	Elgin	Kane.

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Byrd, W. A.	Quincy	Adams.
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*Billings, Frank	Chicago	Cook.
Bishop, R. W.	*Chicago*	*Cook.*
*Bishop, S. S.	Chicago	Cook.
*Brower, D. R.	Chicago	Cook.
*Baldwin, A. E	Chicago	Cook.
Bell, Finis E	*Palmyra*	*Macoupin.*
*Byford, H. T	Chicago	Cook.
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*Barritt, Wm. M	Onarga	Iroquois.
Bucknam, A. F.	Warren	Jo Davies.
*Bowman, E. H	Andalusia	Rock Island.
Campbell, J. Y	Paxton	Ford.
Casal, F. M	Pittsfield	Pike.
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*Chenoweth, C.	Decatur	Macon.
Colt, J. D	Litchfield	Montgomery.
Connelly, J. L	*Harristown*	*Macon.*
*Corcoran, G. L	Brimfield	Peoria.
Corr, A. C.	*Carlinville*	*Macoupin.*
Corr, L. H	*Carlinville*	*Macoupin.*
*Cowden J. W	Rock Island	Rock Island.
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Cox, W. M.	*Mt. Sterling*	*Brown.*
Craig, A. L.	*Aledo*	*Mercer.*
Crane, O. P	*Mason City*	*Mason.*
*Crawford, S. K.	Chicago	Cook.
Crothers, R. W.	*Delavan*	*Tazewell.*
Crow, J. T	Carrollton	Green.
*Crummer, B. F.	Warren	Jo Davies.
Cullimore, T. M.	Concord	Morgan.
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*Casselberry, W. E.	Chicago	Cook.
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Cleveland, E. F	*Dundee*	*Kane.*
*Conibear, Wm. H	Morton	Tazewell.
*Cozad James	Reynolds	Rock Island.
Cole, W. C.	*Jacksonville*	*Morgan.*
*Callahan, J. H.	Carthage	Hancock.

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Cook, John	*Beecher City*	*Effingham.*
Clement F. A	*Greenfield*	*Green.*
*Chenoweth, W. J	Decatur	Macon.
*Carter, J. M. G	Waukegan	Lake.
Crawford, Napoleon B.	Eureka	Woodford.
*Catlin, Edward P	Rockford	Winnebago.
*Curtis, Lester	Chicago	Cook.
*De Wolf, Oscar C	Chicago	Cook.
*Dalton, W. B	Scottville	Macoupin.
*Danforth, I. N	Chicago	Cook.
Darrah, A. T	Bloomington	McLean.
Dora, J. W	*Mattoon*	*Coles.*
Douglas, D. T	Colfax	McLean.
Downey, W. L	Winona	Marshall.
Drew, A. M	Weldon	DeWitt.
Du Hadway, C	Jerseyville	Jersey.
*Davis Nathan, S. Jr	Chicago	Cook.
*Dyas, G. K	Chicago	Cook.
Dyer, Reuben F	*Ottawa*	*LaSalle.*
*Dougall, William	Joliet	Will.
*De Witt, R. R	Hampshire	Kane.
Deming, Henry Halbert	Pana	Christian.
*Earle, C. W	Chicago	Cook.
*Engert, R. H	Chicago	Cook.
*Etheridge, J. H	Chicago	Cook.
Ebrite, Geo. W	*Mt. Pulaski*	*Logan.*
Eldredge, F. P	Greenview	Menard.
*Eyster, Geo. Loughed	Rock Island	Rock Island.
*Elliott, F. M	Aurora	Kane.
Felker, J. B	Amboy	Lee.
Feigenbaum, E. W	Edwardsville	Madison.
*Fitch, C. M	Chicago	Cook.
Fitch, T. D	Chicago	Cook.
*Foster, A. H	Chicago	Cook.
*Freeman, J. A	Millington	Kendall.
Firebaugh, I. L	*Robinson*	*Crawford.*
Feigenbaum, Julius Henry	Alton	Madison.
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*Frothingham, H. H	Chicago	Cook.

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Gillett, Jno	*Dunlap*	*Peoria.*
Goble, E. T.	Earlville	LaSalle.
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Gordon, W. A.	Chester	Randolph.
*Graham, D. W	Chicago	Cook.
Griffith, B. M	Springfield	Sangamon.
*Gunn, Moses	Chicago	Cook.
*Goodwin, A. E	Rockford	Winnebago.
Guthrie, H. R	Sparta	Randolph.
Gaffner, Theophilus	*Trenton*	*Clinton.*
Guthrie, Wm. Elton	Bloomington	McLean.
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Gill, C. J	Riverside	California.
*Gray, Joseph L	Chicago	Cook.
*Lall, J. M	Chicago	Cook.
Hamilton, J. B	*Washington*	*Dist. Col.*
*Harris, B. H	Groveland	Tazewell.
Haskell, W. A	Alton	Madison.
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*Hay, Walter	Chicago	Cook.
*Hayes, P. S	Chicago	Cook.
Holderness, C. P	Chenoa	McLean.
Holmes, Nathan	San Jose	Mason.
Holton, N	*Smithville*	*Peoria.*
*Hooper, Henry	Chicago	Cook.
*Holtz, F. C	Chicago	Cook.
*Hull, M. D	Arrowsmith	McLean.
Hurlbut, V. L	Chicago	Cook.
Hurst, S. T	Greenview	Menard.
Hyde, J. N	Chicago	Cook.
Hawley, Geo. F	Chicago	Cook.
*Hardy, H T	Kaneville	Kane.
*Hoadley, A. E	Chicago	Cook.
Howard, Hartwell C	*Champaign*	*Champaign.*
Hobbs, W. T	*Mound Station*	*Brown.*
Hall, Walte T	Toulon	Stark.
Hatfield, C. H	Farmer City	DeWitt.
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*Jacobson, S. D.	Chicago	Cook.
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*Johnson, H. A	Chicago	Cook.
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Jump, D. W	Plainfield	Will.
*Jennings, Robert P	Delavan	Tazewell.
*Johnson, Frank S.	Chicago	Cook.
Kelso, H. A.	Paxton	Ford.
Kendall, H. W.	Quincy	Adams.
Keefer, I. F.	*Sterling*	*Whiteside.*
Kelso, Elmer Lincoln	Paxton	Ford.
*Knight, Mary C.	Aurora	Kane.
*Kilbourne, E. A.	Elgin	Kane.
*Kellogg, Helen Reynolds	Chicago	Cook.
*Leeds, L. L	Lincoln	Logan.
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Little, Jehu	Bloomington	McLean.
*Lord, F H	Plano	Kendall.
*Ledlie, J. H.	Pittsfield	Pike.
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Manley, P. G	Keensburg	Wabash.
Matthews, F. L	*Springfield*	*Sangamon.*
Matthews, J. P	*Carlinville*	*Macoupin.*
Mendenhall, P. W	Georgetown	Vermillion.
Mileham, S.	*Camp Point*	*Adams.*
*Miller, DeLaskie	Chicago	Cook.
Miller, D. W.	Gilman	Iroquois.
*Miller, Katherine	Lincoln	Logan.
Miller, T. W.	Chicago	Cook.
*Mitchell, R. J	Girard	Macoupin.
*Montgomery, L. H	Chicago	Cook.
*Montgomery, W. T.	Chicago	Cook.
Moore, D. O.	Bloomington	McLean.
Miller, A. J.	*Paris*	*Edgar.*
Martin, W. S.	*Tuscola*	*Douglas.*

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*Marshall, John S.....Chicago.....Cook.
*Montgomery, E. B.....Quincy.....Adams.
Myers, John T.....Petersburg.....Menard.
Moon, O. W.....Lockport.....Will.
Myers, Joseph Charles....Clinton.....DeWitt.
Myers, James Franklin....Farmer City...DeWitt.
Mason, Geo. W.....Bloomington...McLean.
*Moyer, Harold N.....Chicago.....Cook.
*McDermith, S. T.....Cowden.....Shelby.
*MacDonald, P. S.....Chicago.....Cook.
*McIlvaine, Thos. M.....Peoria.....Peoria.
McIntosh, A. I.....Allendale.....Wabash.
*McKenzie, W. R.....Chester.....Randolph.
McKinney, I. G.....Barry.....Pike.
*McMann, W. W.....Gardner.....Grundy.
McMurray, R. I.....Linn.....Wabash.
McNarry, W. H.....Martinsville....Clarke.
McArthur, L. L.....Chicago.....Cook.
McFall, D. W.....Mattoon.....Coles.
McPherson, C. Walter....Penrose.....Whiteside.
*McNair, Samuel.....Elburn.....Kane.

Nash, W. R.....Fairmount.....Vermillion.
*Nelson, Daniel T.....Chicago.....Cook.
*Nesbitt, G. W.....Sycamore.....DeKalb.
Newcomer, I. W.....Petersburg.....Menard.
*Newman, H. P.....Chicago.....Cook.
Norred, C. H.....Lincoln.....Logan.
Norred, E. S.....Lincoln.....Logan.
Norris, A. L.....Farmer City...DeWitt.
*Noble, Chas. M.....McLean.....McLean.
*Nash, A.....Joliet.....Will.

Owens, D. W.....Hersman.....Brown.
*Owens, J. E.....Chicago.....Cook.
*Oyler, P. H.....Mt. Pulaski....Logan.
Orner, Chas. Theo.....Bloomington...McLean.
*Owens, A. E.....Dover.....Bureau.

*Park, Cephas.....Oquawka.....Henderson.
*Parke, C. R.....Bloomington...McLean.

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*Parkes, C. T.	Chicago	Cook.
*Patton, E. M.	Rockford	Winnebago.
*Plummer, S. C.	Rock Island	Rock Island.
*Prince, A. E.	Jacksonville	Morgan.
*Palmer, Chas. A	Princeton	Bureau.
Palmer, P. C.	*Streator*	*LaSalle.*
Pollock, William L.	Heyworth	McLean.
Paugh, W. H.	*Mattoon*	*Coles.*
*Powell, Alexander Monro	Collinsville	Madison.
Pogue, Joseph	Edwardsville	Madison.
Prentice, Frederick Wm.	Urbana	Champagne.
Parkhurst, Frederick Julius	Danvers	McLean.
*Plummer, Samuel C., Jr.	Rock Island	Rock Island.
*Pynchon, Edwin	Chicago	Cook.
Rauch, Jno. H.	Springfield	Sangamon.
Reece, M.	Abingdon	Knox.
*Reynolds, A. R.	Chicago	Cook.
*Rich, K. E.	Wenona	Marshall.
Robbins, Joseph	*Quincy*	*Adams.*
*Robbins, M. M.	Aurora	Kane.
Robinson, F. C.	Wyanet	Bureau.
*Robison, J. A.	Chicago	Cook.
*Rooney, A. F.	Quincy	Adams.
*Rooney, M.	Quincy	Adams.
*Roskoten, O. I.	Peoria	Peoria.
*Rankin, A. C.	Pullman	Cook.
Ryburn, John L.	Ottawa	LaSalle.
*Reynolds, Henry J.	Chicago	Cook.
*Richards, William M.	Joliet	Will.
*Rothstein, Hugo	Waterloo	Monroe.
**Remsburg, J. L.*	*LaMoille*	*Bureau.*
Redwine, J. W.	*Whitehall*	*Green.*
Raynor, George C.	Joliet	Will.
Sargent, A. M.	Lincoln	Logan.
*Schaefer, F. C.	Chicago	Cook.
Seaman, M. W.	Shipman	Macoupin.
*Shipp, F. J.	Petersburg	Menard.
*Silverthorn, L. L.	Charleston	Coles.
*Slater, Catherine	Aurora	Kane.
*Smith, C. F.	Danforth	Iroquois.
Smith, Chas. Gilman	Chicago	Cook.

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Smith, Lee	Bloomington	McLean.
*Spear, J. W.	Mason City	Mason.
Starkweather, R. E.	Chicago	Cook.
*Starkey, H. M.	Chicago	Cook.
*Steele, D. A. K.	Chicago	Cook.
*Studer, Jos.	Peoria	Peoria.
Strong, Albert B.	Chicago	Cook.
*Stevenson, Sarah Hacket	Chicago	Cook.
*Schneck, J.	Mt. Carmel	Wabash.
*Stockton, F. O.	Chicago	Cook.
Speaker, W. T.	*Mt. Morris*	*Ogle.*
*Skeer, J. D.	Chicago	Cook.
Sanders, Charity A.	*Ottawa*	*LaSalle.*
*Spear, L. E.	Shirley	McLean.
*Saunier, A. J. C.	Libertyville	Lake.
*Sweetland, W. M.	Highland Park	Lake.
*Tagert, A. H.	Chicago	Cook.
*Tebo, G. H.	Mt. Sterling	Brown.
*Tilley, Robert	Chicago	Cook.
Thomas, D. E.	Lacon	Marshall.
*Thompson, L. G.	Lacon	Marshall.
Thurston, E. H.	*Chicago*	*Cook.*
*Todd, J. F	Chicago	Cook.
Tope, J. W	Oak Park	Cook.
Truesdale, C	Rock Island	Rock Island.
Toney, Luther C	*Aviston*	*Clinton.*
Tapper, John George	Elgin	Kane.
*Tombaugh, L. H	Milburn	Lake.
*Thompson, Mary H	Chicago	Cook.
Van Horn, A. K	Jerseyville	Jersey.
Veatch, W. H	Carthage	Hancock.
*Verity, W. P	Chicago	Cook.
*Vertrees, C. M	Murrayville	Morgan.
*Vanderhoof, H. W	Roselle	DuPage.
Walker, James A	Mason City	Mason.
Walker, James P	*Mason City*	*Mason.*
Webster, J. R	Monmouth	Warren.
Wells, Ira R	Geneseo	Henry.
*Wenger, E	Gilman	Iroquois.
*Wetmore, A	Waterloo	Monroe.

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*White, J. L	Bloomington	McLean.
Whitley, I. D	Petersburg	Menard.
*Wilder, F. M	Chicago	Cook.
*Will, O. B	Peoria	Peoria.
Williams, Richard	*Marcellus*	*Adams.*
Wilson, R. M	*Lincoln*	*Logan.*
Wylie, Samuel M	*Paxton*	*Ford.*
*Woodworth, P. M	Chicago	Cook.
*Whitten, Thomas J	Nokomis	Montgomery.
*Waxham, F. E	Chicago	Cook.
Wilcox, J. M.	*Clinton*	*De Witt.*
White, Lizzie	Wenchester	Scott.
*Whitmire, Clarence L	Sublette	Lee.
Wood, R	Quincy	Adams.
*Whitmire, J. W	Forest	Livingston.
*Wing, Elbert	Chicago	Cook.
*Webster, G. W	Chicago	Cook.
Zeller, George A	Spring Bay	Woodford.
Zeller, John G	Spring Bay	Woodford.

No. of life members	34
No. of permanent members	326
Total	360

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List of Delegates, Permanent Members and Members by Invitation in attendance at the Thirty-Seventh Annual Meeting.

DELEGATES IN ATTENDANCE.

Aurora Medical Society.

Elliott, F. M.....Aurora.
Knight, Mary C.....Aurora.
LaBaume, Lydia H.....Aurora.

Chicago Medical Society.

Billings, F.....Chicago.
Bogue, R. G.....Chicago.
Bridge, Norman.....Chicago.
Brower, D. R.....Chicago.
Casselberry, W. E.....Chicago.
Curtis, Lester.....Chicago.
Davis, N. S.....Chicago.
Davis, N. S. Jr.....Chicago.
Earle, C. W.....Chicago.
Fenger, C.....Chicago.
Foster, A. H.....Chicago.
Frank, J.....Chicago.
Frothingham, H. H.....Chicago.
Graham, D. W.....Chicago.
Gray, J. L.....Chicago.
Hay, Walter.....Chicago.
Hoadley, A. E.....Chicago.
Hollister, J. H.....Chicago.
Hotz, F. C.....Chicago.
Ingals, E.....Chicago.
Johnson, H. A.....Chicago.
Lewis, Denslow.....Chicago.
Loomis, E. B.....Chicago.
Mergler, Marie J.....Chicago.
Moyer, H. N.....Chicago.
McWilliams, S. A.....Chicago.
Owens, J. E.....Chicago.
Parkes, C. T.....Chicago.
Pynchon, E.....Chicago.
Reynolds, H. J.....Chicago.
Steele, D. A. K.....Chicago.
Thompson, Mary H.....Chicago.
Tilley, R.....Chicago.
Todd, J. F.....Chicago.
Vanderhoof, H. W.....Chicago.
Waxham, F. E.....Chicago.
Webster, G. W.....Chicago.
Wilson, D. Z.....Chicago.
Wing, E.....Chicago.
Woodworth, P. M.....Chicago.

Chicago Pathological Society.

Danforth, I. N.....Chicago.
Kellogg, Helen R.....Chicago.

Chicago Society Ophthalmology and Otology.

Bishop, S. S.....Chicago.

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Chicago South Side Free Dispensary.

Starkey, H. M.....Chicago.

DeKalb County Medical Society.

Nesbitt, G. W.....Sycamore.

District Medical Society of Central Illinois.

Whitten. T. J.....Nokomis.

Fox River Valley Medical Association.

McNair, Samuel.....Nokomis.

Hancock County Medical Society.

Callahan, J. H.....Carthage.

Illinois Eastern Hospital for the Insane.

Dewey, R.....Kankakee.

Illinois Northern Hospital for the Insane.

Kilbourne, E. A.....Elgin.

Iowa and Illinois Central Medical Association.

Bowman, E. H.....Rock Island.
Eyster, G. L.....Rock Island.

Lake County Medical Association.

Saunier, A. J. C.....Libertyville.
Sweetland, W. N.....Highland Park.

Menard County Medical Society.

Shipp, Farinda J.....Petersburg.

Military Tract Medical Society.

Corcoran, G. L.....Brimfield.

Morgan County Medical Society.

Herriott, E. L.....Jacksonville.
Prince, A. E.....Jacksonville.

North Central Medical Association.

Owens, A. E.....Dover

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Peoria Academy of Medicine.

McIlvaine, Thomas M.....Peoria.
Will, O. B.....Peoria.

Southern Illinois Medical Association.

Hallam, J. L.....Centralia.

Will County Medical Society.

Alexander, H. W.....Joliet.
Dougall, Wm.....Joliet.
Kaynes, G. C.....Joliet.
Nash, A.....Joliet.

Winnebago County Medical Society.

Catlin, E. P.....Rockford.
Goodwin, A. E.....Rockford.

PERMANENT MEMBERS IN ATTENDANCE.

Barnes, A. T.....Bloomington.
Barritt, W. M.....Onarga.
Caldwell, Chas.....Chicago.
Cook, E. P.....Mendota.
Crawford, S. K.....Chicago.
Ensign, W. O.....Rutland.
Gunn, Moses.....Chicago.
Hayes, P. S.....Chicago.
Holmes, E. L.....Chicago.
Hunt, C. C.....Dixon.
Ingals, E. F.....Chicago.
Ingersoll, Ellen A.....Canton.
Jenks, D. S.....Plano.
Jones, Geo. Wheeler.....Danville.
Leonard, R. L.....Chicago.
Macdonald, P. S.....Chicago.
Montgomery, W. T.....Chicago.
Newman, H. P.....Chicago.
Oyler, P. H.....Mt. Pulaski.
Palmer, C. A.....Princeton.
Patterson, R. J.....Batavia.
Plummer, S. C.....Rock Island.
Plummer, S. C., Jr..Rock Island.
Reynolds, A. R.....Chicago.
Richards, W. M.....Joliet.
Robbins, W. M.....Aurora.
Rothstein, Hugo.....Waterloo.
Schaeffer, F. C.....Chicago.
Skeer, John D.....Chicago.
Tagert, A. H.....Chicago.
Thompson, L. G.....Lacon.
Verity, W. P.....Chicago.
Wetmore, A.....Waterloo.
White, J. L.....Bloomington.
Whitmire, J. S.....Metamora.
Whitmire, J. W.....Forest.
Wilder, F. M.....Chicago.

MEMBERS BY INVITATION.

Kiernan, James G.....Chicago.
Tesson, Jas. L.....U. S. Army.
Uran, B. F.....Kankakee.

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THE

ILLINOIS STATE MEDICAL SOCIETY.

PROCEEDINGS OF THE THIRTY-SEVENTH ANNUAL MEETING, HELD IN CHICAGO, ON THE 17TH, 18TH AND 19TH DAYS OF MAY, 1887.

The society met in the First Methodist Church, corner of Clark and Washington streets, and was called to order at 10:30 A.M., May 17th, by the 1st Vice-President, Dr. Elias Wenger, of Gilman.

Dr. Wenger, in opening the session, said:

Ladies and Gentlemen:

The circumstances under which I appear before you are not of that pleasant character enjoyed by those who have occupied the chair before me. This, I believe, is the first time in the history of the Illinois State Medical Society that the chair has been made vacant by the death of the President. Dr. William T. Kirk, who was elected President of the society at our last meeting, died at his home in Atlanta, Logan county, Illinois. He was a native of Kentucky, a graduate of the medical department of the Louisville University.

He located in Atlanta nearly thirty years ago, where he

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practiced his profession until the time of his death, honored and respected by all who knew him, for his intelligence, his high professional attainments, honesty of purpose, and firm decision of character.

His unbounded charity to the poor and afflicted, and his friendly intercourse with his professional brethren, were prominent traits in his character. In his death the community where he lived has lost a good physician and good citizen, and the medical profession an honored and respected member.

The constitution of our society provides that in the absence of the President one of the Vice-Presidents shall officiate in his place. It would be disrespectful in me not to thank you for the distinguished honor conferred on me by electing me your 1st Vice-President, yet I must confess that I feel a delicacy in assuming the duties and responsibilities of a place which has been occupied by so many eminent and distinguished gentlemen, especially as the honor was intended for another, conscious that I will not be able to discharge the duties with that promptness and ability that was expected from our late President.

I must, therefore, ask your indulgence, your kind assistance and co-operation.

Prayer was offered by the Rev. Charles H. Conklin, pastor of the Church of the Redeemer, Chicago.

Dr. J. L. White, of Bloomington, said:

Mr. President:

I crave your indulgence at this time for a few minutes. This is the first time, so far as I know, in the history of this society, that it has been called upon to mourn the death of its President, and it seems to me eminently proper that we pause at this early stage in our proceedings to pay a slight tribute to his memory.

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Dr. White proceeded to read the memoir he had prepared of Dr. Kirk, which, on motion of Drs. E. Ingals and W. T. Montgomery, was referred to the Committee on Necrology, to be incorporated with the report of that committee.

The report of the Committee of Arrangements being called for, Dr. E. Ingals, Chairman, responded in substance as follows: Your committee has secured this room and the ante-room connected with it for three days for the use of the society. On account of the unsettled condition of railroad matters it has been impossible to get the usual reduced rates for those attending the meeting.

In consequence of the unusual demands that will be made on the profession for the meeting of the American Medical Association three weeks hence, in this city, and the forthcoming International Medical Congress, in Washington, the committee, after conferring with a good many of the older members of the society, has decided to dispense with the usual banquet and social entertainment. The members are invited to visit, at their own convenience, the various hospitals and medical colleges of the city, with special invitations from the authorities of Mercy Hospital, the Chicago Medical College, the Illinois Charitable Eye and Ear Infirmary, the Presbyterian Hospital, the Central Dispensary, Rush Medical College and the Hospital for Women and Children.

It is recommended that the society convene at 9 o'clock A. M. and at 2 P.M., and adjourn at 12 M. and 6 P.M.; and that the order of business be the hearing of the reports of the several Standing Committees, then the Special Committees, and then the voluntary papers, of which there are a number, in the hands of the committee; and that these committees be called in the order in which they appear in the Secretary's announcement.

Dr. A. Reeves Jackson will welcome the visiting members on behalf of the local profession, and Dr. E. P. Cook, of Mendota, will respond.

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Dr. Jackson said:

Mr. President and Fellow Members of the Illinois State Medical Society:

The pleasant duty has fallen upon me of speaking a few words of greeting and welcome. This duty is not only a most agreeable one, but its performance affords me an opportunity of which I am proud.

To my mind there is no better *prima facie* evidence of the worth, intelligence, high professional standing and conscientiousness of a physician, than the fact of his or her membership in the local and state medical societies. Hence, I feel that I am now addressing the representative medical men and women of the state of Illinois.

From your homes in various parts of the state you have assembled here, actuated by a common desire to aid in a common work—the advancement of medical science. You come imbued with a spirit of generous rivalry, each bringing a contribution to the general storehouse of knowledge for the general welfare.

At former meetings of this society much good work has been done, and the results have become our heritage. It is now our duty, and a privilege for which we should be thankful, to make liberal additions to what our predecessors have accomplished. Much remains to be done—very much more indeed than will or can be done by us or by those who shall come after us. The field in which we labor is large and the soil is deep, and after centuries of toil the surface only has been tilled. Many questions pregnant with interest and importance in the realms of etiology, pathology and treatment are as unsettled apparently to-day as they were a hundred years ago. This fact should not, however, discourage us in the prosecution of our work. It is man's mission to strive for, but never to reach, absolute truth. That is only for Him who knows all things. For us, it is the effort, rather than the attainment, that is commendable.

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One object of this society is the elevating and dignifying of the character of the medical profession as a whole throughout the state, and in this we have been aided to an extent that I believe we hardly realize by the Illinois State Board of Health. A few years ago there were practicing medicine within our borders hundreds upon hundreds of illiterate empirics and pretenders, all having the same legal status as ourselves. To-day they are gone—gone in direct consequence of our medical law, and its efficient executive board; and at this time the medical profession of Illinois stands on as high a plane as does that of any other state in the country.

The triennial meetings of this society in our city are to us always occasions of pleasurable anticipation and profitable enjoyment. We who are here hail you as friends and fellow-workers in the great field of science, and in the cause of humanity. In the name and in behalf of the resident members and of the entire medical profession of Chicago and vicinity I bid you welcome. We extend to you the grasp of our hands, the friendship of our hearts, and the hospitalities of our homes. To all we bid you welcome!

Dr. Cook's response:

Mr. President:

When I was informed that it would be expected of me to talk back to the *Doctor* of "*Innocents Abroad*," it occurred to me that, Mark-Twain-like, I had better make my arrangements to speak extemporaneously. [The doctor then proceeded to read as follows:]

A pleasanter duty could not have been assigned me than to reply, in behalf of the non-resident members of the Illinois State Medical Society, to the happily chosen words of welcome by Dr. Jackson. To find appropriate language to convey to him, as the representative of the profession of Chicago, our appreciation of the cordial greeting with which we are received is no easy task. The occasion demands expression that, if it were possible, would represent the actual feeling of

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gratitude that springs from the depths of man's best nature. They only can have a comprehension of the same who by actual experience have learned what it is to be the recipients of great favors for which no equivalent can be returned, and thereby are placed under obligations that are measureless, and can only be met as opportunity occurs to extend to others similar courtesies and benefits.

We accept these cordial greetings in the spirit in which they are given, with the consciousness that it is impossible for us to do more than receive them, enjoy all the benefits that follow in their train, and ever remain your debtors.

We feel our obligations the more for the reason that this cordial reception is repeating over again and again—just how often memory does not enable us to say—the times you have received us with a similar welcome.

Some of the older members of our society, who have so frequently enjoyed such greeting, would feel somewhat the embarrassment of the situation, if we had not learned much of the large-heartedness of our hosts. We understand well the fact for which the profession of Chicago is world-wide known—that, like your great city, you never fail as entertainers, and cannot be overcrowded with guests.

We can say that in the annual wanderings of the Illinois State Medical Society from one to another of the smaller cities of our state, we constantly look forward with pleasant anticipation to the time when we can again meet with you here. We can almost envy the recent and those who are about to become members of this society, the pleasure and pleasant surprises in reserve for them on first becoming acquainted with you, as you extend to them the courtesies of cultured gentlemen.

The interest and pleasure of meeting in your city is much increased by the many things of interest and importance in our surroundings. Truly, you have here a wonderful city, in the absence of nearly all that in former times were the essential qualities required to make a city wonderful. Phenomenal

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city! The duplicate of which the world thus far has never seen. A city, the making of which was not possible before, and has been reserved for our times to produce. A city, the result of the aggregation of a great variety of necessities, with a systematizing of the forces necessary to its building, that no time before ours could have produced. It had never entered into the conception of man to attempt the construction of what you have here accomplished—accomplished, we may say, as the result of necessity, without forethought or plan.

Some of the great cities of the past were the product of the will of the sovereign, who said, "Let us build us a great city to preserve the evidences of our greatness and commemorate the reign of our dynasty." "Let us so plan and construct it that in all the past there has been nothing like unto it, and in all the future nothing shall approach unto it in beauty, perfection and stability."

At a later period great cities were constructed in reference to the perfection of their protection, situation or surroundings for defense from the enemies without. The skill of the military chieftain was had to plan and construct, but not so at this day—and particularly may it be said of this latest great city—without plan, without definite object in view, without any creative or controlling spirit, it has sprung into existence as the product of that pervading spirit of energy, urged on by necessity, that impels forward at this wonderfully progressive period in the history of man.

This sad and singular fact occurs to us, that the great peril with which your city must contend comes from enemies from within, and your defensive forces must be as great as the possibility of danger is apparent.

No prescience can have a view of the possibilities of this great city in the not remote future—its position—the conditions that push it forward—the ever restless, enterprising spirit of those who have and those who will in the future control and labor towards its completion—will make

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that future an astonishment to those who come after us as marked as that to us to-day.

This great cosmopolitan city of the center of the Western hemisphere has sprung forth as if by magic, and while we might, if time would permit, find much to interest and instruct, we can only refer to the one leading subject which especially interests us at this time. As a matter of fact, during the most of your history the material interests of your citizens have received chief attention, yet in justice it may be said that all along there have been many noble heads and hearts who have sought to look after and provide for other equally great or greater wants. Your educational interests have not been neglected, but chiefly in that department of professional education in which we are now particularly interested may you claim to excel.

We are proud of the fact that this has become a medical educational center second to none in our country, and certainly the advantages you here offer have made it no longer necessary for the most ambitious or zealous student of our profession to go to the east of where we are, to secure all the opportunities requisite to the completion of such preparation as is now demanded of all who would be fully equipped to enter upon active professional life.

But we should not forget to speak further of ourselves, and with less serious thoughts we are inclined to ask of you some favors, of which we feel we could convince you we are worthy, and especially we country doctors. Compared with your city, all else in our state is suburban. But perhaps some of our brethren from such towns as Peoria, Quincy, Springfield, Bloomington, Rockford, or Aurora, may not be quite willing to accept the appellation. We feel the necessity, however, in order to bring up the general average.

We beg you to be patient with us should there be found any faults in our manners or deportment. A gentle suggestion from you will be kindly received and quickly aid us in correcting them. We are very anxious to so conduct ourselves

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as to not in any way embarrass you, our urban brethren, or lead you to feel that your country cousins in the profession would thus annoy you. We also ask you to bear with us if there should be lacking that becoming reserve that should be seen in those whose contact with society has been limited; in other words, we don't want to be too "fresh," as we might be in many ways, growing out of the fact that many of us have been for years comparatively secluded from that part of society that keeps fully abreast in all social advancement.

We trust, however, our professional deportment while in your midst will befit even a rural member of our profession.

We can think of a few things more, the doing of which would be mutually beneficial,—and some —— we hope you will not do.

Do not permit any more medical college enterprises to spring up in your midst, until at least you are sure your best clinical material is not under the control of the political ward bummer who, under your gentle form of government, has reached the goal of his ambition, and is placed where he can decide what is best for medical educators to do.

Do not make any further subdivisions of the field of medicine until, in harmony with the development hypothesis, man shall have grown more complex and new parts have required new specialists.

Do not accept them, if we should send you material out of which to make doctors, if found defective, because of want of capacity or preliminary preparation. Send them back to us while fresh; put a card on their backs marked, "Rejected, because of defects that we cannot correct."

There are a few difficulties we country doctors meet with, that, if you will be good enough to instruct us how to overcome, will place us under heavier bonds than any thus far mentioned.

Queries.

In what proportion of our cases of carcinoma of the stomach should we resort to resection?

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What surgical interference is justifiable in valvular disease of the heart?

How to locate abscesses of the brain?

How can we destroy bacteria without destroying the unfortunate one infested with them?

Just when to make Porro's operation instead of resorting to craniotomy.

Finally: Since we must have specialists in this country, please tell us which specialist is more useful in a community —the Chiropodist or the Chirosophist?

If during this meeting of our society we are so fortunate as to have learned how to meet these and a few more difficulties incident to our work, it will hasten the time when we will return to you again.

To close these already too lengthy remarks, and with confidence that this will be one the pleasantest and most profitable meetings in the history of our society, we again thank you and join with you in the effort to make this annual assemblage of reprentative workers all that a State Medical Society should be.

Dr. S. C. Plummer, of Rock Island, moved, and Dr. R. Tilley, of Chicago, seconded the motion that the report of the Committee of Arrangements be adopted. Carried unanimously.

The Secretary read letters of regret from Drs. D. S. Booth, of Sparta, and C. Goodbrake, of Clinton.

Dr. J. H. Hollister moved that the call of the committees be gone through, and that the report of the Committee on the Practice of Medicine be received at 2 o'clock. Lost.

Dr. Tilley moved that the printed order be followed out. Carried.

In the call of committees, all except those on Drugs and Medicines, Diseases of Children and Hydrophobia were announced as being ready to report.

On motion of Dr. E. Ingals, Dr. L. S. Tesson, Surgeon U.

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S. Army, and Dr. James G. Kiernan, of Chicago, were made members by invitation.

The report of the Committee on Practice of Medicine was called for, and Dr. D. R. Brower, of Chicago, Chairman, presented his report.

On motion of Dr. C. W. Earle, Dr. Brower was asked to give a brief résumé of his paper at 2 P.M., after which its discussion should occur. Carried.

On motion of Dr. E. Ingals, the society adjourned to 2 P.M.

TUESDAY.—AFTERNOON SESSION.

The society was called to order at 2:20 P.M., Vice-President Wenger in the chair.

Dr. D. R. Brower gave a short résumé of his report on the Practice of Medicine, after which Dr. P. H. Oyler, of Mt. Pulaski, of the same committee, read a paper on "Diphtheria."

Dr. A. K. Van Horn, of Jerseyville, the remaining member of the committee, not being present, the reports of Drs. Brower and Oyler were discussed by Drs. E. F. Ingals, J. A. Robison, N. S. Davis, D. A. K. Steele, and G. L. Corcoran.

The reports were referred to the Committee on Publication.

The report of the Committee on Surgery was called for.

Dr. D. A. K. Steele, of Chicago, Chairman, read his report, and Dr. B. F. Crummer, of Warren, a member of the committee, presented a clinical report as his contribution. There being no discussion, the reports were referred to the Committee on Publication.

The report of the Committee on Obstetrics was read by the Chairman, Dr. Ellen A. Ingersoll, of Canton.

The paper of Dr. W. H. Conibear, a member of the committee, was read by Dr. Ingersoll. The title of the paper was, "Does the retention of the secundines necessitate septic poisoning?"

The report was referred to the Committee on Publication, after being discussed by Drs. C. W. Earle, O. B. Will, Sarah Hackett Stevenson, E. P. Cook, E. Ingals, J. H. Hollister, G. W. Nesbitt, E. Wing.

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Dr. C. W. Earle moved that another opportunity be given for discussing the report on Surgery, and that preliminary thereto the authors give brief abstracts of their papers at 2 P. M. Wednesday. Carried.

On motion of Dr. E. Ingals the society adjourned to meet at 9 o'clock Wednesday morning.

WEDNESDAY.—MORNING SESSION.

The society was called to order at 9:40 A.M., Vice-President Wenger in the chair.

The order "Calling for voluntary papers and fixing the time for hearing" was taken up, and Dr. E. Ingals, Chairman of the Committee of Arrangements, gave notice that volunteer papers had been received as follows:

Dr. H. Gradle, of Chicago, "Ocular Disturbances from Nasal Disease."

Dr. F. C. Hotz, of Chicago, "The Use of Acetate of Lead in Certain Conditions of the Eye."

Dr. C. W. Earle, of Chicago, "One Factor in the Etiology and One Means of Cure in Puerperal Fever."

Dr. S. S. Bishop, of Chicago, "Operations for Mastoid Disease."

Dr. E. L. Holmes, of Chicago, "Jequirity."

Dr. A. Wetmore, of Waterloo, moved that these papers be heard after the reports of the Standing and Special Committees. Carried.

The report of the Committee of Arrangements on Credentials was read by the Assistant Secretary and accepted.

The Secretary read a telegram as follows:

"Greetings of the South Kansas Medical Society, in session at Wichita, to the Illinois State Medical Society, in session at Chicago."

The Secretary was directed to send a suitable reply.

The Secretary read a letter from Dr. E. W. Jenks, of Detroit, Mich., resigning his membership on account of removal from the state and offering to pay dues to date.

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On motion of Dr. J. S. Whitmire his resignation was accepted on the condition named.

The Secretary also read a letter from Dr. John G. Tapper, of Elgin, who is now in Europe, asking that his report as Chairman of the Committee on Drugs and Medicines be read by one of his associates on the committee.

On account of the illness of the Chairman, Dr. Wenger, Dr. W. O. Ensign, of Rutland, the Second Vice-President, now took the chair and conducted the proceedings until final adjournment.

On motion of Dr. Wetmore, Dr. Wenger, as President, was asked to give his address at any time he might choose, the rules being suspended for that purpose.

Dr E. P. Cook:

At what time shall the selection of the Nominating Committee be made?

President Ensign:

It has been asked that it occur later in the morning.

The report of the Committee on Gynæcology was called for. Dr. O. B. Will, of Peoria, Chairman, read his report. It was discussed by Drs. G. W. Jones, G. W. Nesbit, L. G. Thompson. Referred to Committee on Publication.

Dr. Catharine Miller, of Lincoln, presented a supplementary report on Posterior Misplacements of the Uterus in Virgins, which, after being discussed by Drs. J. G. Kiernan, J. S. Whitmire, G. W. Jones, L. G. Thompson and D. T. Nelson, was referred to the Committee on Publication.

Dr. G. W. Graham, of Chicago, moved that a recess of 10 minutes be had to select the Nominating Committee. Carried.

Upon reconvening, after recess, the following Nominating Committee was announced:

Bureau	County	A. E. Owens.
Cook	"	C. W. Earle.
DeKalb	"	G. W. Nesbitt.
Fulton	"	Ellen A. Ingersoll.
Hancock	"	J. H. Callahan.
Iroquois	"	W. M. Barritt.

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Jo Daviess	County	B. F. Crummer.
Kane	"	Lydia La Baume.
Knox	"	G. L. Corcoran.
Kendall	"	J. A. Freeman.
Lake	"	A. J. C. Saunier.
La Salle	"	E. P. Cook.
Lee	"	C. C. Hunt.
Logan	"	P. H. Oyler.
Marion	"	J. L. Hallam.
Marshall	"	L. G. Thompson.
McLean	"	J. L. White.
Menard	"	F. J. Shipp.
Monroe	"	A. Wetmore.
Morgan	"	A. E. Prince.
Peoria	"	Thos. M. McIlvaine.
R'k Island	"	E. H. Bowman.
Vermillion	"	G. W. Jones.
Will	"	Wm. Dougall.
Woodford	"	J. S. Whitmire.
Winnebago	"	A. E. Goodwin.

The Secretary read the following letter:

To the Secretary of the Illinois State Medical Society:

The next annual meeting of the Mississippi Valley Association will be held at Crab Orchard Springs, Kentucky, July 13th, next. It is desired that the Illinois State Medical Society shall send delegates to this meeting.

Most respectfully,

J. L. GRAY,
Sec'y Miss. Valley Med. Ass'n.

Dr. D. T. Nelson:

I move that those who can go to the meeting apply to the Secretary for certificates. Carried.

The Secretary read resolutions of respect to the memory of the late President, Dr. W. T. Kirk, offered by Dr. J. L. White, of Bloomington. Referred to Committee on Necrology.

Dr. S. C. Plummer extended an invitation to the Society to hold its next annual meeting in Rock Island. Referred to Nominating Committee.

On motion, the society adjourned to 2 P.M.

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WEDNESDAY.—AFTERNOON SESSION.

The society was called to order at 2.20 P.M. Vice-President Ensign in the chair.

Dr. D. A. K. Steele, Chairman of the Committee on Surgery, gave a résumé of his paper and showed cases of shoulder joint amputation and excision of mammary gland. Dr. B. F. Crummer also gave an abstract of his report. The reports were discussed by Drs. P. H. Oyler, C. T. Parkes, E. Ingals, B. F. Crummer. Referred to Committee on Publication.

Dr. E. Ingals moved that the report of the Treasurer be now heard. Carried.

THE TREASURER'S ANNUAL REPORT.

WALTER HAY, *Treasurer*,

In account with the ILLINOIS STATE MEDICAL SOCIETY.

1886.		Dr.	Cr.
May 19	To cash balance in treasury	$1,196 83	
	To receipts at thirty-sixth annual meeting at Bloomington, viz:		
	To dues in full from 75 permanent members	225 00	
	To dues and initiation fees from 27 delegates	135 00	
	To dues for former years from four permanent members	18 00	
	To dues rec'd by mail from 111 permanent members	333 00	
	To dues for former years, to retain membership, from 6 permanent members	21 00	
	To dues for former years, to secure "exemption" under 15-year rule, from 2 permanent members	48 00	

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TREASURER'S REPORT—Continued.

1886.	CONTRA.	Voucher	DR.	CR.
May 26	By J. L. Gray, reporting "proceedings"	No. 1		$ 36 00
May 26	By Clark & Longley, printing R. R. certificates	" 2		4 00
June 5	By Brown, Pettibone & Co., postage, letter-heads and circulars (for. S. J. Jones)	" 3		38 05
June 15	By Walter Hay, appropriation for Treasurer	" 4		50 00
June 21	By J. F. Todd, appropriation for Chairman of Committee on Publication	" 5		50 00
August 14	By D. W. Graham, appropriation for Secretary	" 6		50 00
August 19	By Brown, Pettibone & Co., printing 100 circulars	" 7		2 00
September 1	By Brown, Pettibone & Co., Merchandise	" 8		3 75
September 16	By Brown, Pettibone & Co., Stationery	" 9		25
December 14	By D. W. Graham, Secretary's postage on "transactions"	" 10		35 00
December 16	By J. L. Regan & Co., publishing and wrapping "transactions" for 1886	" 11		348 96
1887.				
April 2	By D. W. Graham, Secretary's postage	" 12		3 00
April 16	By Brown, Pettibone & Co., printing and mailing circulars for Committee on Legislation for Insane	" 13		13 25
May 16	By Jameson & Morse Co., Secretary's stationery	" 14		19 50
May 16	By cash			30
May 17	By balance (certified check)			1,322 77
			$1,976 83	$1,976 83

Audited and found correct.

D. W. GRAHAM, *Permanent Secretary.*

HENRY J. REYNOLDS, *Assistant Secretary.*

On motion the report was adopted and referred.

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Dr. Walter Hay:

I wish to make a statement and a motion. Some time in August last I received from Dr. Dunglison, of Philadelphia, a notification that I had been made a member of the Finance Committee of the International Medical Congress, and requesting me to call the attention of the State Medical Society to the necessity for providing funds to meet the necessary expenses of the congress. I corresponded with the secretaries of fifty-two medical societies. I have received responses from two to the effect that they would call the attention of their respective societies to the circular. Within the past two weeks I have received two subscriptions, amounting to $15. In the meantime I have received several letters from the treasurer on the necessity of supplying funds. I have delayed answering until I could lay the matter before this body. The Michigan Society contributed $500; Tennessee, $250; California, $100; Alleghany County, $250; Missouri, $300. I therefore move, Mr. President, that the Illinois State Medical Society subscribe $500 towards paying the expenses of the International Medical Congress. It seems to me that a state as large and as populous as the state of Illinois, with as large a profession, a state that has been especially distinguished in the congress by having the oldest and most venerated of its members as the president of that congress—it seems to me we ought not to be behind in giving $500 to pay the expenses of the congress. We have the funds and can do so without inconvenience.

Dr. N. S. Davis, of Chicago:

I don't think it is necessary to occupy any time, and yet I would like to have the members of the society all understand clearly why appropriations of money should be had beforehand. When one looks at the necessary expenditures that accompany all such gatherings, not only before but at the time of the meeting, the providing of the necessary accommodations for such a body, requiring the largest and best accommoda-

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tions in any city, then with the eighteen sections, all of which must have good accommodations, the necessary entertainments that must be provided, the publication of the proposed programme with abstracts of the papers in three languages, and all ready to hand to each when he registers, to make arrangements for some creditable excursions, you will see it requires a good round sum to do the country and the profession credit.

The present organization asked for an appropriation of $35,000 from congress. It got $10,000. We ought to have $20,000 that the Executive Committee can safely rely upon to properly provide for the entertainment of the congress. Remember that when the congress is held there is a promise of a great abundance of papers—enough to occupy the whole session without an American getting in edgewise. Some one will ask what will be done with the $10 you get from each member of the congress. The papers will be sufficient to make from four to six good-sized volumes, and these must be published. We want to save the money received from membership dues to meet this necessary expense, hence it is that we need this money in advance.

Dr. E. Ingals:

I am glad to have this information from Dr. Davis. I hope the money will be appropriated.

Dr. Moses Gunn:

I desire to add a word or two. The amount stated in the motion is not large enough. Nothing can be said in addition to the words of Dr. Davis about the necessity of the case. The expenses are coming and they must be met from some source, and when an adjoining state leads off with an appropriation of $500, I think it behooves the great and rich state of Illinois, which is to take so large a part in this congress, to make a larger appropriation, to go a little better than our neighbor. If any alteration is made it should be increased $250. I hope that Illinois will rise to the dignity of her true

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position. I therefore move as an amendment that we appropriate $750.

Dr. Hay accepted the amendment, and the motion was unanimously adopted.

The report of the Committee on Drugs and Medicines was called for.

A paper by Dr. J. G. Tapper, Chairman of the Committee, was read by Dr. M. J. Mergler.

Dr. Marie J. Mergler contributed a report on Recent Therapeutics in Gynecology. The report was discussed by J. H. Hollister, A. T. Barnes and N. S. Davis.

Referred to Committee on Publication.

The report of the Committee on Ophthalmology and Otology was called. Dr. S. J. Jones, of Chicago, Chairman, presented his report, and A. E. Prince, of Jacksonville, contributed a paper.

The report was discussed by Elbert Wing, of Chicago, and referred to Committee on Publication.

Dr. E. Ingals, of Chicago, Chairman, read the report of the Committee on Necrology, upon which Dr. N. S. Davis made some remarks.

Referred to Committee on Publication.

On motion, the society adjourned, to meet Thursday at 9 A.M.

THURSDAY.—MORNING SESSION.

The society was called to order at 9:45, Vice-President Ensign in the chair.

It being reported to the society that Dr. Wenger, the First Vice-President, had gone home on account of sickness, the Chairman called upon Dr. E. P. Cook to read the presidential address of Dr. Wenger. Dr. Cook presented an abstract of the address, and, on motion, it was referred for publication.

In the absence of Dr. Todd, the Secretary read the report of the Committee on Publication, as follows:

The Committee on Publication respectfully reports that on

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the 24th of June, last, a contract was made with J. L. Regan & Co., of this city, to publish and wrap for mailing 350 copies of the transactions of the last annual meeting of the society, within three months of the date of contract, at a cost of $348.96. Owing to various, and apparently unavoidable, delays, the publication was delayed until December, at which time the volumes were mailed to all members entitled to receive them, and to the various State Medical Societies. About 60 of the volumes remain in the care of the Permanent Secretary, subject to the disposal of the society.

JAMES F. TODD,
Chairman.

Adopted and referred.

The Committee on Diseases of Children was called for.

Dr. G. W. Jones, Chairman, presented his report, and Dr. Farinda Shipp, another member of the committee, presented a contribution.

The report was discussed by E. Ingals, R. Tilley, H. N. Moyer, C. W. Earle, J. G. Kiernan, A. H. Foster, G. W. Nesbitt, J. H. Hollister, E. L. Harriott and A. E. Goodwin.

Referred to Committee on Publication.

The report of the Committee on Physiology was called for, but the President announced that the Chairman, A. Wetmore, had been called home and taken his report with him.

The report of the Nominating Committee was read by Geo. W. Jones, of Danville.

Mr. President:

The members of the Committee on Nomination met and organized by electing Dr. C. W. Earle, of Chicago, Chairman, and Dr. Thos. McIlvaine, of Peoria, Secretary.

After due deliberation, the committee respectfully submit the following recommendations:

Next place of meeting, Rock Island.

For President—William Oren Ensign, Rutland.

First Vice-President—Charles W. Earle, Chicago.

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Second Vice-President—Phillip H. Oyler, Mt. Pulaski.
Permanent Secretary—David W. Graham, Chicago.
Assistant Secretary—George L. Eyster, Rock Island.
Treasurer—Walter Hay, Chicago.

Vacancies in the Judicial Council..... A. Wetmore, Waterloo.
S. C. Plummer, Rock Island.
B. F. Crummer, Warren.

COMMITTEE OF ARRANGEMENTS.

C. Truesdale.....Rock Island.
Thos. Galt..... " "
C. Bernhardi ..... " "
G. G. Craig..... " "
S. C. Plummer..... " "
C. C. Carter..... " "
Geo. E. Barth..... " "
P. Gregg..... " "

STANDING COMMITTEES.

Practice of Medicine.. Frank Billings, Chicago.
G. W. Nesbitt, Sycamore.
Adelbert H. Tagert, Chicago.

Surgery..... W. S. Caldwell, Freeport.
B. F. Crummer, Warren.
S. K. Crawford, Chicago.

Obstetrics..... Geo. Wheeler Jones, Danville.
Charles C. Hunt, Dixon.
Catharine Slater, Aurora.

Gynecology ..... A. Reeves Jackson, Chicago.
T. M. Cullimore, Jacksonville.
Mary E. Bates, Chicago.

Drugs and Medicines.. D. S. Booth, Sparta.
A. J. C. Saunier, Libertyville.
John A. Robison, Chicago.

Ophthalmology and Otology..... Edward L. Holmes, Chicago.
Seth S. Bishop, Chicago.
C. A. Palmer, Princeton.

Necrology..... Ephraim Ingals, Chicago.
John H. Rauch, Springfield.
Otho B. Will, Peoria.

Publication ..... David W. Graham, Chicago.
Walter Hay, Chicago.
George L. Eyster, Rock Island.

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SPECIAL COMMITTEES.

Diseases of Children..	A. E. Goodwin, Rockford. Mary H. Thompson, Chicago. Washington West, Belleville.
Antiseptic Obstetrics..	Chas. W. Earle, Chicago.
Intubation of Larynx.	Frank E. Waxham, Chicago.
The Present Status of Bacteriology in its Relation to Disease.	Romaine J. Curtis, Joliet. Frank S. Johnson, Chicago.
Pelvic Surgery.....	Wm. J. Chenoweth, Decatur. Sarah H. Stevenson, Chicago.
Venereal Disease.....	Harold N. Moyer, Chicago. Isaac N. Danforth, Chicago. J. J. M. Angear, Chicago.
Hypnotics.....	Daniel R. Brower, Chicago.
Compound Fractures..	D. A. K. Steele, Chicago.
Hernia.....	David W. Graham, Chicago.
Some topic in Gynecology.....	Marie J. Mergler, Chicago.
Physiology.....	Alphonso Whetmore Waterloo.
Dermatology.....	Henry J. Reynolds, Chicago.
Neurology.....	Horace Wardner, Anna. J. L. Gray, Chicago.
The Exigencies and Excitements during the First Labor	James S. Whitmire, Metamora.
Legislation for the Insane.....	Walter Hay, Chicago. Edgar P. Cook, Mendota. Francis B. Haller, Vandalia.
Medical and Sanitary Legislation.....	B. M. Griffith, Springfield. W. A. Haskell, Alton. John L. White, Bloomington. Albert B. Strong, Chicago.

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Influence of Appreciable Meteorological and Topographical Conditions on the Prevalence of Acute Diseases.....	NATHAN S. DAVIS, Chicago. JOHN H. HOLLISTER, Chicago. JAMES F. TODD, Chicago. EDGAR P. COOK, Mendota. GEORGE W. JONES, Danville.
Biographical.....	JOHN H. HOLLISTER, Chicago. EPHRAIM INGALS, Chicago. CHARLES C. HUNT, Dixon. FRANCIS B. HALLER, Vandalia. A. M. POWELL, Collinsville. EDGAR P. COOK, Mendota. JOHN S. WILLIAMS, Otterville. GEORGE W. JONES, Danville. THOMAS F. WORRELL, Bloomington. ROBERT BOAL, Peoria. HUGH R. GUTHRIE, Sparta.

A sub-committee consisting of Drs. T. M. McIlvaine, E. P. Cook and A. E. Goodwin was appointed to consider certain matters which Dr. Cook will now present as a part of the report of the Nominating Committee.

Respectfully,

CHARLES W. EARLE, Chairman.
GEORGE W. JONES, Secretary *pro tem.*

Dr. E. Ingals moved, and Dr. J. H. Hollister seconded the motion, that the report so far as presented be adopted. Carried unanimously.

Dr. Cook:

This sub-committee, in behalf of the nominating committee, the latter composed as it is of one delegate from each county represented, deem it not beyond their province to call the attention of the members to other matters connected with the best interests of the society. We consider it unwise to close our eyes to the fact that the past meetings of the society have failed to bring out the attendance that it should have, and to develop the interest that this society, representing over 3,000 regular practitioners in this state, should possess. Why this is so we are not prepared to state, but we feel that the future existence of this society rests on the action taken on

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this subject in the near future. What measures should be taken to improve the attendance at and interest in our meetings are now matters for very serious consideration, and this must be had at once. In view of these facts we would present the following:

Resolved, That a live working committee of three members be appointed to consider this subject, and such committee be authorized to have the results of their deliberations printed in circular form and mailed to each member. This committee shall have the power to suggest such amendments to the constitution as they shall think best adapted to attain the ends desired. In addition, such committee shall prepare and mail to every regular physician in this state such information concerning this society as shall be necessary to enlist their cooperation in our state society work.

Mr. President:

I would like to append to this my report as Special Committee on County Organization, which has not yet been called for.

On motion of Dr. Hollister the order was suspended, that the report might be heard in this connection.

Mr. President and Members of the Illinois State Medical Society:

Your Committee on Promotion of the Organization of Local Medical Societies throughout the state, respectfully report that in our judgment the subject is of such importance as to require the appointment of a committee to whom shall be assigned the duty, under instruction and by authority of the state society, to open a correspondence with one or more of the leading members of the profession in each county in the state where no medical societies now exist, and urge upon them the importance of medical organization and representation of the profession of all parts of our state in the State Medical Society. We further recommend that this duty be assigned

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to the same committee suggested by the Nominating Committee, whose province it will be to consider the subject of what action shall be taken to increase the interest of the profession of the state in the State Medical Society.

E. P. COOK.

I wish to ask the President to appoint a committee of three to look into the matter covered by reports. It is a matter of vast importance, needing our immediate attention.

Remarks were made by J. H. Hollister, E. Ingals and D. W. Graham, indorsing the recommendations of the report.

Dr. H. N. Moyer moved that the recommendations of the committees be adopted. Carried.

On motion of Dr. E. P. Cook the nomination of delegates to the American Medical Association was proceeded with, and the following named were appointed as delegates for 1887:

Moses Gunn	Chicago
E. Ingals	"
E. B. Loomis	"
J. L. Gray	"
J. E. Owens	"
H. J. Reynolds	"
A. R. Reynolds	"
D. R. Brower	"
E. Wing	"
J. H. Hollister	"
S. K. Crawford	"
J. M. Hall	"
Walter Hay	"
D. W. Graham	"
H. H. Frothingham	"
Norman Bridge	"
J. J. M. Angear	"
E. Pynchon	"
C. C. Hunt	Dixon
Elias Wenger	Gilman
W. H. D. Lewis	Hyde Park
Thos. McIlvaine	Peoria
E. A. Kilbourn	Elgin
W. O. Ensign	Rutland
W. S. Caldwell	Freeport
K. E. Rich	Wenona
S. C. Plummer, Jr	Rock Island
G. W. Nesbitt	Sycamore
Ellen A. Ingersoll	Canton
E. L. Herriott	Jacksonville
D. S. Jenks	Plano
B. F. Crummer	Warren
A. Nash	Joliet
E. P. Catlin	Rockford
R. Boal	Peoria
A. K. Van Horn	Jerseyville
A. J. C. Saunier	Libertyville
H. T. Hardy	Kaneville
J. A. Freeman	Millington
W. M. Sweetland	Highland Park
W. M. Barritt	Onargo

Dr. C. W. Earle:

I move that the President appoint a committee of three to prepare a list of delegates for the American Medical Association in 1888.

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Dr. E. P. Cook said:

When the sessions of the National Association are held south of "Mason and Dixon's" line, the meetings are held in May, two weeks before the state meeting, and it is therefore safe and best to make the selections now.

The motion of Dr. Earle was carried.

Dr. E. Ingals moved that the secretary be authorized to fill the vacancies that may occur in the list of delegates for 1887. Carried.

Dr. C. W. Earle said:

I wish to give notice that I will move an amendment be made to article 5 of the constitution, creating a Standing Committee on Diseases of Children, and a Standing Committee on Neurology, at the next meeting.

Dr. Norman Bridge:

It is difficult, in certain parts of the state, where no local societies exist, to secure representation for the state society, and the physicians residing in these localities are, therefore, unable to become members. It has become necessary to elect such by invitation, and I, therefore, move the election of Dr. B. F. Uran, of Kankakee, as a member by invitation for this meeting. Carried.

Dr. Uran thanked the society for the honor conferred upon him.

The Secretary, Dr. Graham, said:

I desire to make a statement and a motion. There is not a complete set of the transactions of this society in the possession of any of its officers, or even accessible to them for reference. The archives which I received from my predecessor were very defective in this respect, and, I understand, have not been complete since the Chicago fire. All the volumes prior to 1860, and some of those between 1860 and 1870, are wanting. The society should certainly possess a complete set of its own transactions, permanently bound.

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I move, therefore, that $25 be appropriated for this purpose, and so much of it as may be necessary be expended under the direction of the Committee on Publication.

The motion was carried.

On motion the society adjourned until 2 P.M.

THURSDAY.—AFTERNOON SESSION.

The society was called to order at 2 P.M., Vice-President Ensign in the chair.

The first order of business was the reading of the report of the Special Committee on Dermatology, by Dr. H. J. Reynolds, of Chicago.

It was discussed by Dr. R. Tilley, and referred to the Committee on Publication.

The report of the Committee on Diseases of the Throat and Nose was called for and passed, Dr. E. F. Ingals not being present.

The report of the Committee on Hydrophobia was called and passed, on account of the absence of Dr. Kreider.

The report of the Committee on Legislation for the Insane was called and passed.

The Committee on the Influence of Appreciable Meteorological and Topographical Conditions on the Prevalence of Acute Diseases was passed.

Dr. E. Ingals, of the Biographical Committee, moved that the committee be continued, with power to add to their numbers.

Dr. S. S. Bishop, of Chicago, read a volunteer paper on "Operations for Mastoid Disease." It was discussed by Dr. Tilley, and by vote referred to the Committee on Publication.

Dr. E. F. Ingals, having come in, presented his report, which was an elaborate paper on "Epistaxis." It was discussed by Drs. Tilley, L. H. Montgomery, H. A. Johnson, N. S. Davis and S. S. Bishop.

Referred to the Committee on Publication.

Dr. N. S. Davis, of the Committee on the Influence of

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Appreciable Meteorological and Topographical Conditions on the Prevalence of Acute Diseases, presented a brief verbal report. The committee had not been able to do much, if anything, and by request it was continued.

Dr. Walter Hay presented the report of the Committee on Legislation for the Insane, which was referred for publication.

The President appointed the following committees:

Improvement of Society Work and Amendments to Constitution and By-Laws: E. P. Cook, Thos. McIlvaine, A. E. Goodwin.

Committee on Appointment of Delegates to the American Medical Association for 1888: C. W. Earle, D. W. Graham, G. W. Jones.

Dr. E. P. Cook:

At the close of this 37th Annual Meeting of the Illinois State Medical Society, with an attendance of 125—87 delegates and 33 permanent members, representing 25 counties, and those in attendance largely from the city of Chicago—while it is to be regretted that the attendance has not been larger, there are circumstances that make it appear why so many are absent, yet we congratulate ourselves that we have here held an interesting and profitable meeting of this society. The committees in almost every instance have reported, and have presented papers of a very satisfactory order to the society. The interest taken in these reports, and the discussion of the same, have been very gratifying. For these things, and for the Divine Father who has kept us safely during the meeting of this society, we are deeply grateful. I therefore move the following:

Resolved, That the thanks of this society are hereby extended to the Chairman of the Committee of Arrangements, and all who have in any way contributed to make this 37th Annual Meeting as successful and pleasant as it has been.

Dr. Davis:

I don't want the members to go home without understand-

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ing why more has not been done in the way of entertainment. The near approach to the meeting of the American Medical Association was thought to interfere with the presence of men from remote parts of the state, and anything that might be done now would have to be repeated at the meeting next month. It was therefore thought best to make this a purely scientific meeting. I should have asked you to give me a call, but for the fact that my better half is sick in bed.

Dr. E. Ingals again gave notice that the Committee of Arrangements were unable to secure any reduction in fares from the railroads.

Dr. Earle moved, and it was carried, that the closing business of the society be proceeded with.

Dr. E. P. Cook:

Two years ago an amendment was prepared changing the annual dues from three dollars to two dollars. I move that the amendment be adopted.

Dr. N. S. Davis:

I have no objection to the vote in the matter, but the question is, is the amendment outlawed. I do not think it competent to act upon an amendment unless it is in form so that it can be read by the Secretary. It is very singular that both in this and the National Association, for years a curious construction was allowed to be put upon this clause. The dues were to be paid annually, but when speaking of the terms on which members should continue their membership, it says that those who allow their dues to remain unpaid for three years lose their membership. Now there is no law allowing a member to come in here at the end of three years and pay for one year and retain his membership. The part of the constitution relating to three years should be repealed.

The President declared the amendment outlawed, and, therefore, out of order.

Dr. G. W. Jones introduced the following:

I hereby give notice that at the next annual meeting a reso-

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lution will be introduced to change the wording of article 7 of the constitution, substituting the words two dollars in place of the words three dollars, wherever in said article the latter words may occur.

Dr. H. A. Johnson:

Inasmuch as the hour is passing, I move that the rules be suspended, and that the volunteer papers be read by title and referred to the Committee on Publication. Carried.

Dr. Earle moved that if any member of the society appointed as a delegate to the meeting of the American Medical Association for 1887 should be a delegate from any other association, the Secretary of this society be authorized to appoint others desiring to attend who are not delegates from other organizations. Carried.

Dr. Earle moved that the committee appointed by the President to name delegates to the American Medical Association for 1888 be authorized to issue certificates to those signifying their willingness to attend after the place of meeting is determined. Carried.

Dr. S. K. Crawford, of Chicago, introduced the following:

Resolved, That Henry Z. Gill, A.M., M.D., LL.D., formerly a citizen of this state and an active member of this society, later of Ohio, now a resident of El Dorado, Kansas, be made an honorary member of this society. Carried.

The following resolution was also adopted:

Resolved, That this society use all its efforts to secure legislation requiring the filling of all offices having medical functions with medical men.

Vice-President Ensign:

Before the society closes, the Chairman desires to state that, owing to circumstances over which he has no control, and having never been introduced to his successor, the society will have to excuse him from introducing his successor. He congratulates the society on the good work done. Only three committees have failed to report. But there have been a suf-

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ficient number to make the proceedings interesting. The unexpected manner in which he has been called upon to preside over the meeting, as we have seen from the draped chair and the illness of the First Vice-President, makes it necessary for you to excuse him for any negligence in the performance of his duty.

Dr. Davis:

I move before we adjourn that the thanks of the society be extended to our presiding officer for the thorough manner in which he has performed his duties. Carried unanimously.

On motion, the society adjourned to meet the third Tuesday in May, at Rock Island.

D. W. GRAHAM,
Permanent Secretary.

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ANNUAL ADDRESS OF THE PRESIDENT.

ELIAS WENGER, M. D., GILMAN.

Ladies and Gentlemen:

The constitution of our society requires that the President shall deliver an address at the meeting over which he presides, allowing him to select his own subjects. I do not suppose, however, that the intention of the society, in making this provision, was simply to afford the President an opportunity to display his eloquence in poetically describing a beautiful sunset, or to alarm the society by his rhetoric in depicting the terrors of the tornado, but rather to afford him an opportunity to offer some practical suggestions that might be utilized by the society for the good of the medical profession and the advancement of science.

I do not expect to be able to present to you any new or original ideas, nor to astonish you with a fine literary production; but, being an "old settler," I propose to make some comparisons between the past and the present, and to note some of the miraculous changes that have taken place in the great state of Illinois in the last forty years, showing the wonderful progress that has been made in medical science, the great changes that have been made in the treatment of diseases, the skill displayed in surgery, the high moral character and dignity of the medical profession, the result of a liberal education, free thought and free investigation.

The history of the great state of Illinois is interesting in every aspect. There is perhaps no country in the world that has made such rapid and permanent progress in everything that tends to a high state of civilization. The fertile, bound-

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less prairie, where once the deer and the wolf held undisputed possession, has been transformed by the energy and industry of intelligent and industrious men and women into beautiful homes for thousands of happy, prosperous families. Where the patient ox once dragged his heavy load of produce over the trackless prairie and bridgeless streams to a distant market, the then little city of Chicago,—through weeks of weary toil,—now runs the ponderous locomotive, drawing its thousands of tons of produce over roads of iron and steel in the short space of a few hours to the same destination, the great city of Chicago, the wonder of the world, with its three-quarters of a million inhabitants. Where once the settlers for many miles around would assemble once a week at the post-office and patiently wait to see the United States mail come in on horseback, anxiously expecting a letter from their old homes, on which they had to pay twenty-five cents postage, which had been weeks on the road, you will now find a thriving, busy town or city, receiving a dozen mails a day, bringing letters from every part of the world that have come with the speed of the wind over the wonderful system of railroads that traverse our country from ocean to ocean, and from the lakes on the north to the gulf on the south, along the lines of which villages, towns and cities have sprung up as if by magic, each trying to excel its neighbor in building school-houses, churches and manufactories, and many other public and private enterprises, evidences of an intelligent, moral, industrious state of society.

The medical profession have not only kept up in the great race of progress in their own line, but have been an important factor in almost every line of improvement. The influence of the physician can be seen in almost every important enterprise suggested or entered into; in the great system of sewage and drainage now going on in our cities throughout the state; in the construction and ventilation of our school-houses, colleges and churches; in the hygienic and sanitary conditions of our hospitals, asylums and prisons. Nor has the medi-

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cal profession been an idle spectator to the legislation of the state, as many of the laws now in our statutes amply testify.

The early settlers, pioneers from the east and south, with an occasional foreigner, located along the borders of the timber where fuel and building material were abundant and convenient. They built for themselves and families log cabins, with puncheon floors and clapboard roofs, mostly with but a single room, in which they cooked, ate and slept; for heating and ventilating they had large fire-places in one end of the cabin. Their living was of the coarsest, commonest kind; their clothing was of their own manufacture, their water was generally procured from slough wells; the vast prairies were covered with decaying vegetation, the ponds and sloughs were filled with stagnant water, there being no drainage at that time.

It is not at all surprising that they were nearly all sick with chills and fever, the prevailing disease of the country. It often happened that there was not a home in the settlement that had not one or more sick, and sometimes every member of the family was prostrated. The privations and suffering that these people endured could not easily be described. Nurses were out of the question, and good doctors were scarce and generally lived at long distances from the settlements in the new towns then being started, and bad doctors were often too plenty. It was no uncommon thing to see men sick with chills and fever for six months or a year. Quinine was scarce and high, and the quacks would tell the people that it was a dangerous medicine, and it is strange how deeply that idea was impressed upon their minds. I sometimes meet an old rheumatic at this late date, who attributes all his aches and pains to the quinine that "settled in his bones" forty years ago. The practice of medicine at that time was not only laborious, but sometimes dangerous; the visits had to be made on horseback across the prairies, in many instances without roads, and no bridges across the sloughs and creeks, which had to be forded.

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These noble-hearted, self-sacrificing men would often make these laborious and perilous journeys with but little prospect of ever collecting their bills.

These men, for their intelligence, education, morality and dignity, were entitled to respect, but their practice, their discipline, their code of ethics, were outrageous and cruel.

When called to see a patient, it mattered not what the disease was, a fall from a house, a kick from a horse, rheumatism, bilious fever, or even a case of pregnancy, the first thing would be to bleed the patient, then give a dose of calomel and jalap; if there was high fever or delirium, the hair was shaved off and a blistering plaster applied to the scalp, with strict instructions not to give the patient any water.

These old masters, though honest in their opinions, were the most arbitrary, relentless tyrants to be found anywhere outside of the church. Young men were afraid of them, and in their practice would follow strictly the old beaten path, so that in case a consultation was necessary they were sure the course of treatment would be approved; and if the patient died, the whole fraternity would swear that everything had been done that skill and science would dictate.

And any man who had the moral courage to think for himself, or exercise his reason, or criticise their treatment, was denounced as a quack and a fool, and incurred their everlasting displeasure.

As the country increased in population, wealth and intelligence, and the minds of people began to expand; when they began to think, reason and investigate for themselves, public sentiment became divided upon the subject of medicine.

The great amount of sickness in the country induced the migration thither of a multitude of adventurous quacks and pretenders, practicing under the various titles of Homeopaths, Hydropaths, Botanics, Eclectics and Unsœphists, Snappers and Spiritualists. Their qualifications consisted in a compound of ignorance and impudence. Each party had its friends and each "system" its advocates. Merchants, farmers, ministers,

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mechanics and laborers could be heard discussing medical subjects, each advocating his favorite "system." This condition of things divided the practice, which had not been very profitable at any time, so that many of the old fathers, who, from education and habit, were too proud to step over the old line which they had followed so long, and which was as sacred to them as their religion, or too stubborn to take advantage of the occasion and get aboard the train of progress, were left behind to spend the remainder of their days upon the "ragged edge of poverty." There were many amusing incidents that occurred amongst this motley crew of doctors. I once heard one doctor ask another if he could tell him of a good location for a man to start in practice. "O yes," said the other, "you just go down to the Wabash country and hang out your shingle; any fool can get all the practice he wants there." This great confusion of ideas and theories, this state of rebellion and anarchy in the medical profession, was the beginning of and resulted in the present rational, liberal and scientific system of medicine that we enjoy to-day.

All these factions, with their extreme views and fanatical notions, however obnoxious to the intelligent portion of the medical profession, inadvertently played an important part in establishing the present rational system of medicine.

The Homeopaths unintentionally taught us the important fact that sick people very often get well without any medicine at all, and they taught us further that good nursing was a very important factor in the successful treatment of disease. The Hydropath taught us, to the delight of our patients, that the use of a little cold water, when the patient was almost perishing from thirst, was not near so dangerous as we had been taught to believe. The Botanics and Eclectics taught us, by their practice, that some diseases can be cured without mercury, while their violent assaults and abuse of the regulars for their reckless use of mercury and its preparations caused us to modify our opinions upon the use of that potent and val-

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uable remedy, and be more cautious in its use than our ancesters were.

And from the old urine doctor, the butt and jest of all the others, we have been taught that a scientific analysis of the urine is one of the most reliable sources of information in making a correct diagnosis in certain cases.

The Spiritualist and Snapper caused us to study the influence that mind has over matter, and that to gain the confidence of our patients was a matter of no little importance.

The united opposition of all these fanatics to the reckless shedding of blood practiced by our ancestors, entitles them to a large share of credit for the rational use of the lancet by the profession of the present generation.

In the year 1850, about a dozen physicians of the progressive kind met in the city of Springfield for the purpose of effecting some kind of an organization by which they could isolate themselves from and protect themselves against the herd of medical tramps that then infested the state.

In this convention they organized the Illinois State Medical Society, and adopted a constitution for its government. In the preamble to this constitution we find the objects of the organization expressed in the following terms: To supply more efficient means than has hitherto been available here for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening public opinion in regard to the duties, responsibilities and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it.

The objects of the society are here clearly expressed in unequivocal language. How faithfully these objects have been carried out by their successors, and how fully their desires and expectations have been realized, is manifest in the present prosperous condition of the society, numbering its hundreds

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of intelligent, educated, honorable, temperate men and women, whose influence for good is truly commendable.

If I were to offer anything to this society for its advancement and usefulness, it would be to urge the organization and encouragement of local societies, insisting that every man and woman holding a certificate to practice medicine from the State Board of Health should become a member of some local society. There are persons holding such certificates obtained by perjury. Such disreputable persons could not get into societies where they are known, and the State Board of Health would be able, with but little effort, to find out who had obtained certificates by misrepresentation and fraud.

We are an excitable people in our zeal and enthusiasm in trying to excel in doing good. We sometimes too readily adopt new ideas, try new remedies and new inventions, so highly recommended by their discoverers or inventors. My advice is to go slow in adopting new remedies and new inventions, as their authors generally know a great deal more about the pecuniary profits on the discovery than they do about the therapeutic value of the article. You all know what a craze invaded our ranks a few years ago. Many of our over zealous and enthusiastic brethren seemed to think that the surest and quickest way to reach the topmost round in the professional ladder would be to invent a pessary, and such a display of rings, oblongs, circles, semicircles, curves, twists, turns, contortions and wind-bags was never witnessed before. The pessary fever soon reached a crisis, but not until it had created the necessity for a professor of gynecology in our medical colleges. A liberal application of common sense and common decency had a decidedly sedative effect, and I think it is now rapidly approaching a normal condition. The old fathers who ruled with an iron will have nearly all passed over the river, and left upon us a heavy responsibility, not only of preserving and perpetuating the valuable knowledge already achieved, but of prosecuting the investigations still further.

The most formidable enemy that the profession has now

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to contend with, the one most likely to disturb the peace and harmony of the profession, the one most likely to obstruct our progress, is what an honored member of this society, a few years ago in his annual address, denominated the "Dudus Medicus." Who would exchange our vast store of practical and scientific knowledge, which has cost so many years of hard mental labor, for a written code of ethics.

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REPORT OF THE COMMITTEE ON THE PRACTICE OF MEDICINE.

D. R. Brower, M. D., Chicago, Chairman.

Since the last meeting of the State Medical Society there has been, throughout the whole domain of medicine, remarkable activity. Many new and important additions have been made to the treatment of disease, to a few of which we propose to call your attention:

The treatment of phthisis by rectal injections, communicated to the Académie des Sciences of Paris by M. Bergeon, is one of the most important of these discoveries. This measure is based upon the physiological fact established by Claud Bernard, that the introduction of toxic substances by the rectum does not offer so much danger as when introduced by the mouth, so long as pulmonary elimination is not interfered with. M. Bergeon has established the fact that a current of pure carbonic acid can be safely introduced in very large, indeed almost indefinite amount, by the rectum, provided it is done slowly, with proper precautions. After trying various agents he finally settled on sulphuretted waters as promising to do the most good.

The results of applying this method in phthisis are: First, after some days a diminution amounting almost to suppression of the cough. Second, a profound modification of the quantity and quality of expectoration. Third, the suppression of sweating and a gradual disappearance of moist râles, and an improvement of the general condition both in the early stages and in confirmed phthisis.

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The publication of these results by M. Bergeon has stimulated observers throughout the whole civilized world, and we find in almost every medical journal published since the date of these observations the results of experimentation in this direction. In "Semaine Medical" for October 20th, M. Cornil bears testimony to the good results obtained by Bergeon in phthisis. In "Les Nouveau Remedés," No. 22, November, 1886, M. Bardet gives a figure of the apparatus with full directions necessary for these gaseous injections, and speaks well of the treatment. The idea on which this treatment is founded is that sulphuretted hydrogen, a powerful antiseptic, is readily absorbed by the rectum and exhaled by the pulmonary and bronchial surface where it comes into intimate contact with the organism of phthisis. Dr. M. M. Johnson, of Hartford, Conn., writes to the Medical Record: "For the last two months I have been using Bergeon's method at the Hartford Dispensary, with the most satisfactory results. The patients are for the most part in the advanced stages of the disease, and are treated as they present themselves, without selection of cases. The night sweats cease, the cough becomes loose, the expectoration easy, the appetite improves, the patient sleeps well and increases in weight, the circulation is quickened, and the cold, clammy extremities become warm." This observer warms the gas previous to its injection, and is careful to exclude atmospheric air in order to avoid griping pains. In the same medical journal Dr. Ecroyd, of Newport, R. I., gives a record of one case followed by a most remarkable improvement. This case was that of a doctor, thirty-two years of age, whose mother had died of lung fever, and his sister of acute phthisis. The patient had a slight pulmonary hæmorrhage December 20th, and was removed to the Newport hospital. On January 1st the following symptoms were noted: temperature 100 7–10, pulse 84, respiration 28. His condition on January 20th began to assume a more grave type. Hectic developed, the evening temperature was 103 2–10, pulse 100, respiration 32, and the pulmonary signs gave evidence of a breaking down of the lung tissue. It was now determined to

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make a trial of Bergeon's method, and on the 25th Dr. Rankin and the writer administered one litre of carbonic acid gas impregnated with sulphuretted hydrogen. The following morning the temperature was normal, pulse 80, respiration 23. On February 2d no gas was given. That evening the patient's temperature rose to 101 2–10. The next day the injections were resumed and the temperature fell one degree. After four days the treatment was discontinued to note the effect upon the albuminuria which was developed. At that time the patient's condition was as follows: Physical appearance greatly improved, hectic gone, night sweats decreased, appetite decidedly improved, three meals being taken each day with the addition of five pints of liquid food in the interval. On the 9th the injections were resumed and continued for ten days. At this time the temperature was normal; a few moist râles were heard anteriorly at the apex but none posteriorly, although the respiratory sounds were still feeble. The patient was able to sit up every day and was gaining rapidly in flesh and strength.

At the recent meeting of the Biological Society of Paris, M. Morel commented on the experiments, on the effect of rectal injections of sulphuretted hydrogen in dogs, and compared the doses with those employed in the treatment of tuberculosis. 150 cubic centimetres of saturated solution of sulphuretted hydrogen were injected in three doses in a period of two minutes. Symptoms of poisoning began to be manifest in two minutes. Another dog died quickly after two injections of the same strength given at intervals of twelve minutes, while two others, in whom only small quantities of the gas—or large quantities very much diluted—had been injected, experienced only slight inconvenience and rapidly recovered. He concludes that sulphuretted hydrogen is harmless only when injected in small doses.

Dr. Robert Babcock, of Chicago, commenting on Bergeon's treatment in the Journal of the American Medical Association, for April 16th, says that it is not likely that this, or any other

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form, will be found a cure for all cases of pulmonary phthisis, yet such are the results already gained in numerous cases by the rectal administration of carbon dioxide charged with sulphuretted hydrogen as to expose the physician who does not try it, in any given case of consumption, to the charge of culpable negligence. But again, he says that it is not denied that almost miraculous amelioration of symptoms has followed the treatment in numerous instances, yet since bacilli are still found in the scanty expectoration of patients in whom the disease appears to have been arrested, it is claimed quite justly that a cure cannot be said to exist. Again, cases are on record in which treatment was not well borne. Indeed, M. Wiss, of Geneva, cites three cases in which it was not at all well tolerated, the patients dying inside of two months from the beginning of the treatment. One of them was a man aged forty, in whom it produced such severe colic and diarrhœa that it had to be abandoned within a month. Dr. Osler, of Philadelphia, in some comments upon this method before the Philadelphia County Medical Society, mentions one case in the Philadelphia Hospital who nearly expired after the first administration of the gas charged with a mixture of carbon bisulphide and sulphuretted hydrogen. M. De La Roche, of Lyons, has also reported a case in which the treatment produced intense colicky pains, but in this there were hæmorrhoids and fissure of the anus. These are sufficient to render caution necessary. De La Roche furthermore thinks the treatment inadmissible when both lungs are extensively destroyed. The reason is clear; the lungs would be able to eliminate the gas but slowly, and unless the injections were made very gradually, a degree of distension of the bowel would be produced, which might seriously, perhaps fatally, embarrass the limited respiratory capacity remaining to the patient. Finally, in cases of intestinal ulceration a rash degree of distension might cause rupture of the weakened bowel. Such are the considerations which dispel the glamour thrown about this new method by optimistic supporters, and make its indiscriminate application by advertising charlatans dangerous.

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At the meeting of the Chicago Medical Society, April 18th, Dr. Francis Crane read a paper on the results of his observations with the treatment, and said that a sufficient number of cases had not been under treatment, and sufficient time had not elapsed to enable him to reach any very positive conclusions as to its value. In the discussion that followed the paper Dr. C. M. Fitch, of Chicago, gave the history of some cases in his own practice that had been followed by some very surprising results. One, the case of a young lady with a rapidly progressing acute tuberculosis, exhibited under the treatment a most marked amelioration of all her symptoms.

Dr. Babcock, in discussing the paper of Dr. Crane, thought the time had not yet arrived to determine whether the treatment would be of permanent value in any given case or not.

Dr. E. Fletcher Ingals informs me that he has used Bergeon's treatment for pulmonary troubles in several cases. Some received apparently no benefit from the treatment, but in other cases the treatment has certainly alleviated some of the symptoms, reducing the temperature, checking the cough, stopping the night sweats, and increasing the appetite. In these cases the injection has been practiced twice a day, giving from two to four quarts of the gas each time. One patient, with advanced tubercular laryngitis, complained that the gas, as it was exhaled, increased the soreness in his throat, although in another case, with the same disease, the soreness has been completely relieved during the treatment. Otherwise no unpleasant effects have been noticed.

We have heard of several cases in the city of Chicago in which the treatment has been used with the same variable results. One, a case of acute tuberculosis pursuing a not very rapid course, died very soon after the second injection. We have heard of a case at the Cook County Hospital that died in a similar way, suddenly after an injection. The advocates of this method of treatment recommend its use in all cases of sepsis. Good results have been reported by the use of this method in puerperal fever, in pyæmia, in typhoid fever and

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diphtheria. It certainly opens up a method in therapeutics that promises in the near future brilliant results.

TUBERCULAR MENINGITIS.

The next subject in the direction of medical progress, to which we ask your attention, is contained in a paper read by Dr. John D. Skeer, before the Chicago Pathological Society, July 26, 1886, entitled "A Pathognomonic Symptom in Diagnosis of Tubercular Meningitis."

In this paper the doctor says:

"The symptom to which I allude is a small circle which forms in the iris near to and completely surrounding the pupillary margin. When it begins to appear it is very distinct and resembles a wreath of thin white clouds, the ends of which extend at first to the free border of the iris; in from twelve to thirty-six hours the whole margin of the iris will be involved, having become of a whitish or yellowish-brown color and appearing irregular, thickened and somewhat granular. These changes are commenced in both eyes simultaneously; are more apparent in irides of a brown color. In this connection we should remember that some children, especially those born of scrofulous or tuberculous parents, have a light-colored circle on the free border of the iris, composed of cloudy and white fibers which radiate from the center toward the circumference. This cloud-like appearance is in some cases very evanescent, hence the necessity of examining the iris at every visit. This may appear in the evening, and by the following morning have given place to the yellow-brown rings caused by the subsequent change in the tissues. These rings are permanent and grow narrower and larger with the progressive dilatation of the pupils as the disease advances." He says, further: "I first noticed this particular symptom some twenty years ago in a case occurring in my own practice. At that time I attached no importance to it; since then I have met with it in twenty or more cases, all of whom died. In two cases an opportunity of making a post-mortem examina-

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tion was afforded, tuberculosis being found in each instance." This interesting paper of Dr. Skeer was referred to a committee consisting of Drs. Henry M. Lyman, I. N. Danforth, E. L. Holmes and Harold N. Moyer. These gentlemen reported that after an extensive examination of the literature on the subject, they found no mention of the exact condition described by Dr. Skeer. They entered into correspondence with a number of physicians especially interested in ophthalmology and pædiatrics, and none of these gentlemen had ever observed the sign mentioned. This committee found a case at St. Luke's Hospital, in the service of Dr. Danforth, of tabes mesenterica, secondarily involving the meninges of the brain, in which the Skeer sign was present. In concluding their report, these gentlemen say that "whatever may ultimately prove to be the value of the symptom, we are justified in regarding it as a strictly original observation, which may be termed 'Skeer's Symptom' until a name be found which expresses its pathological relations."

Since our attention was called to this symptom by Dr. Skeer, we have seen three cases of meningitis, tubercular undoubtedly in origin, terminating fatally, in which this sign was present.

On this subject of tubercular meningitis, in the *Medical Record* for October 16, 1886, will be found a review of an alleged successful treatment for tubercular meningitis. This treatment is by inunctions of iodoform ointment in large amounts. It cites a case by Dr. E. Nelson, treated successfully by the iodoform ointment. Also, in the "Review National des Science Medical," five cases reported by Moleschott of tubercular meningitis, with one quite cured. He simply painted the neck and mastoid process with three or four grams of iodoform collodian, 1 to 15. Dr. Souden, of Stockholm, treated a case diagnosticated as tubercular meningitis by himself, Dr. Waern and Prof. Abelin, with inunctions of iodoform ointment, 1 to 5. The patient, a girl three years of age, got entirely well. Dr. F. W. Warfvinge reports in the same re-

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view five cases of tubercular meningitis, all of them recovering under iodoform inunctions.

The method of treatment followed by Dr. Warfvinge consists in shaving the head and anointing it with an ointment consisting of iodoform, one gram, vaseline, five grams. This is done twice daily, the head being covered afterward with an impermeable cap. The inunctions were employed in one case for seventeen days, in another for nineteen, in a third for thirty, in a fourth for thirty-two and in a fifth case for nine days. In one of the cases iodide of potassium was also used, and in all various symptomatic remedies, such as chloral, antipyrin, ice-caps etc., were employed when indicated.

ANTIPYRETICS.

In medical literature for the past year a great deal will be found upon the subject of antipyretics. The latest discovery in this direction is antifebrin, announced by Drs. Cahn and Hepp, of Strasburg, in the "Centralblatt für Klinische Medicin," August 14, 1886. The authors have experimented with the remedy in a number of febrile troubles, among others, typhoid fever, erysipelas, acute articular rheumatism, pulmonary phthisis and scepticæmia. It is given in doses of from four to fifteen grains, shaken up in water or inclosed in wafer. A maximum dose of thirty grains per diem was not exceeded.

In general terms it may be stated that it is about four times the strength of antipyrin. The effect of the drug upon the temperature is noticed in about an hour, and attains its maximum usually in about four hours, passing off, according to the size of the dose, in from three to ten hours. The action of antifebrin manifests itself externally by a reddening of the surface and moderate perspiration. The patients sometimes complained of a cold feeling, although there was never any decided chill noticed. The pulse rate falls proportionately to the temperature. There was no nausea caused by very large doses.

In conclusion, Drs. Cahn and Hepp speak enthusiastically of the marked antipyretic properties of the new drug, and the

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absence of any untoward symptoms connected with it. It has also, they claim, the advantage of cheapness, being obtainable for the moderate price of twenty-five cents an ounce, at wholesale.

Dr. Weill, in the "Bullètin Gènèral des Therapeutics," reaches the following conclusion about antifebrin: "It is a powerful antithermic and a valuable nervine. As an antithermic it is of the greatest value in all diseases where it is desirable to combat hyperpyrexia. As a nervine it is indicated in all nervous diseases characterized by morbid hyper-excitability, such as epilepsy. A toleration for the drug is established by its prolonged and uninterrupted administration."

J. K. Murray, in the *Lancet* of April 23, 1887, gives a record of three cases treated by antifebrin, and remarks that it is more powerful than quinine, kairin and antipyrin. It equals antipyrin in the duration of its effects, and in this respect surpasses quinine or kairin. Its effects are evident within an hour, and they last from ten to twelve hours when a full dose has been administered. Antifebrin has been in the service of Prof. Dujardin–Beaumetz, in the Hôpital Cochin, in fourteen cases; two cases of typhoid fever, three cases of acute articular rheumatism, one case of pneumonia, one locomotor ataxia, one uræmic convulsions, one acute meningitis, one spinal sclerosis, two cases of tuberculous, and two of epilepsy. In cases of tuberculous, doses of four grains produced profuse sweating, and the patient seemed to be weakened after the use of the drug. The antipyretic effects were not maintained as long as in other febrile diseases. In the light of these facts we conclude that antifebrin cannot be judiciously employed in tubercular affections. Neither of the two epileptics has had a fit since they began the use of antifebrin in doses of twenty-four grains a day. In acute rheumatism the drug has the double advantage of reducing temperature and pain. As a nervine, antifebrin is indicated in a great number of nervous affections, and seems to be an improvement upon bromide of potassium, as it will act in cases where the bromides are

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inert. Two of the patients who had lightening pains were relieved after many other remedies had been tried in vain.

During the year antipyrin has maintained its reputation as an antipyretic. It is acquiring prominence as a hæmostatic. In the *Medical Record*, vol. 30, page 6, a five per cent. solution is recommended for this purpose. Antipyrin has also established a reputation as a nervine. Dr. John R. Whites, in the *Medical Record* for Sept. 11, 1886, says that antipyrin not only promptly relieves the symptoms of headache whenever present, whether resulting from disordered digestion, disturbance of the menstrual functions, loss of sleep, mental effect, or even that associated with anæmia, and also possesses reliable prophylactic effects against recurring attacks of cranial neuralgia. Relief often follows a single dose of fifteen grains. In half an hour a sense of drowsiness ordinarily supervenes, followed by a brief but sufficient slumber, and the patient awakens quite relieved from the distressing symptoms.

Dr. Spryman has stated in a Russian medical journal, quoted in the London *Medical Record*, Jan. 15, 1887, that he uses antipyrin in all cases of hemicrania, and as a rule attains excellent results. Given at the height of the fit the drug only partially relieves pain, and does not shorten the duration of symptoms, but when administered during the period of prodromal phenomena, antipyrin almost invariably cuts short the paroxysm within an hour and allows the patient to immediately resume his occupation.

A number of cases, however, will be found throughout the medical journals in which the use of antipyrin has been followed by a dangerous depression. One case reported in the *British Medical Journal*, by Dr. Edwin Farlin, in which the depression was so marked that it was only by the most vigorous stimulation that the patient's life was saved.

HYPNOTICS.

Many valuable contributions will be found in the current literature, on the relief of insomnia, by the new hypnotics, especially urethan and paraldehyde. The experience

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of the year teaches that urethan should be administered in larger doses than first proposed; doses from eight to ten or fifteen grains being necessary to produce an hypnotic effect. The sleep produced by urethan is said to be natural and physiological, and on awakening leaves no unpleasant after effects. It may be administered without any corrective, as it is almost tasteless and freely soluble. We have administered it repeatedly in spearmint water. The editor of the *Medical News* for May 15th, says: "In suitable doses it produces a deep, dreamless, natural sleep, from which the individual awakens refreshed, and without the unpleasant sensations which so often accompany the use of an hypnotic. It does not appear to have any special action on the circulatory, respiratory or excretory system; the effect of the drug seems to be exclusively upon the higher cerebral centers." Eloy, in "La Union Medical," reviews its use in 90 cases which have been reported, including many of heart disease, phthisis and neuralgia, in most of which it acted promptly and satisfactorily.

Urethan has also established a reputation in the cure of tetanus. Several cases of traumatic tetanus have been reported during the year as having recovered under its use. Superintendents of hospitals for the insane in this country and in Europe have also made reports on its value in the treatment of various forms of insanity.

Much has been written in the medical journals about paraldehyde as a hypnotic. This drug has been some years in use, but it only seems to be latterly assuming that position to which it is justly entitled as an hypnotic remedy. Its chief objection is its disagreeable odor and taste. A dose of from forty to sixty minims will usually produce a sound and refreshing sleep without any circulatory disturbance. Dr. C. G. Weber, in the *Boston Medical and Surgical Journal* for Oct. 14th, writes an interesting article on its use. Other articles will be found scattered throughout the medical literature. Our personal experience teaches us to regard it as a most valuable addition to hypnotic remedies.

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Hypnone, another remedy of a similar character, is gradually working its way into the favorable consideration of the profession. On the testimony of various writers in the journals, as well as our own observation, two-drop doses mixed with some syrup, such as orange flowers, will often produce sleep in nervous and alcoholic insomnia when ordinary remedies fail. We regard it as of much less value than urethan and paraldehyde.

Since the last meeting of this society there was published by the late lamented Dr. J. S. Jewell, in the second number of volume one of his *Neurological Review*, a suggestive article on the treatment of epilepsy, in which he dwells at some length upon overfilling and dilatation of the colon as a cause of this and other neuroses. In the course of that article he describes his method of percussing the abdominal walls: The patient is stripped so that the abdomen is bare, the abdominal walls being relaxed; then he takes a plate of soft rubber at least two inches in length by an inch and a half in breadth and one-quarter inch in thickness, and a heavy steel hammer, quite as heavy as the ordinary surgical bone hammer; with this the abdomen is carefully percussed over the track of the colon from its origin, up under the liver, across and down to the sigmoid flexure; then he percusses over the track of the colon and carefully locates every mass of fæces, even in persons with fleshy abdominal walls. Out of the five hundred cases he reports, perhaps a hundred have said they were as regular as clock-work in having movements of the bowels, but upon examination in most of such cases the colon was found to have variable quantities of fæcal material lying in it. He then goes on to describe the successful results in the treatment of epilepsy and other neuroses by relieving this condition of the colon. The article is well worth the careful attention of the members of this society.

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CONTRIBUTION TO THE REPORT ON THE PRACTICE OF MEDICINE.

By Dr. P. H. Oyler, Mt. Pulaski.

My business has been such that it was impossible for me to devote much time to preparing a paper for this meeting. I have hurriedly thrown together a few thoughts on a subject that would seem to have been exhausted, by superior minds, and yet accurate conclusions have not been reached. Therefore I could not think it superfluous to add my mite to the subject.

Diphtheria is a disease the cause of which must be placed in the same category with small-pox, scarlet fever, measles, and other zymotic affections. Like them, it is due to a specific virus. It is both contagious and infectious; although the exact mode by which the contagion operates is to me unknown. But I *do know* that the contagion clings to particular places, houses, and even chambers. Diphtheria is not, however, contagious in the same sense that scarlet fever and measles are; for instance, it does not always prevail in densely populated places, where the facilities for contagion are best. Again, as the distance through which scarlet fever is communicable is less than in measles, so that it would appear that closer contact was necessary in propagating diphtheria than the other contagious diseases. That diphtheria may be either local or constitutional in its origin is not only a very vague and unsatisfactory statement, but misleading. Whether the poison is introduced into the circulation by direct contact with the mucous membrane, or is introduced into the blood through the pulmonary capillaries or some other way, is immaterial; in either case the origin is local in character. But does it ever remain local? With all due respect to those entertaining that view, I for one must say that nothing could be so foundationless. That true diphtheria is a true zymotic disease in every sense is unde-

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niable, and every theory to the contrary must fall to the earth. That it only attacks unhealthy mucous membrane and through them finds the only entrance into the circulation, as claimed by some, is groundless.

That it may the more readily attack the catarrhal and those of a strumous diathesis is certainly true, but not to the exclusion of healthy mucous membrane, as has been stated. Surely there can be no doubt that after the membrane has formed, if one will denude a small patch with a pair of forceps he will find that in true diphtheria there will be vascular attachment, while in membranous croup a smooth surface will remain. In diphtheria proper there is always constitutional disturbance of a greater or lesser degree. If I were to take my own locality as a criterion I would be compelled to state that membranous croup, tonsillitis and aphthous sore throat had almost entirely disappeared, there being nine cases out of every ten reported, diphtheria. Perhaps the major part of discrepancies grow almost entirely out of improper diagnosis. I have neither had the time nor the opportunity to investigate chemically the character of the virus, but from observation and a conviction of right I base my treatment upon somewhat different reasoning than that almost universally accepted. No one will deny but that cholera is a zymotic disease. It has not been my lot as yet to meet a case of genuine asiatic cholera, but I was taught, while at college, that in that disease alone there exisited a super-acidity of the sanguineous fluid; that in nearly all the other zymotic disease there existed a super-alkalinity of the blood. I persume it to be true that there is a decided acidity of the blood in cholera, so typical as to be readily discerned after the rice water discharge has been going on for some time. I also believe, contrary to my early teaching, that in all zymotic diseases the same condition exists to a greater or lesser degree. Stating an opinion is in itself not a fact, but the expressing of it may serve to bring out a fact.

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Whether the living micro-organism constituting the virus is in itself acid, or whether the nidus and material formed in the propagating of the various species of animal virus or life form an acid, is a question for those who have the opportunity, time and ability to determine. Dr. Castallan, of St. Maudrien Hospital, says, "Accepting the present theory as to the cause of gonorrhœal urethritis to be correct, viz., that the disease is of parasitic origin, and that the life of these organisms is only capable of living in an acid medium, I have been using bicarbonate of soda injections of 1 per cent. solution with, the very best results in the twelve cases thus treated." This in itself proves nothing, but it strengthens the view that this living organism or microbe must have an acid medium in which to propagate. Without entering into the ætiology and pathology, going over a vast field that has been gone over and over again, it would seem to be a settled fact that diphtheria is always a genuine zymotic disease, and always constitutional, although the constitutional disturbance may be very slight. Again, the parasite in many instances may first find lodgment upon some mucous membrane at which point propagation may commence, and if discernible at that time or period it would require but little to see how local applications, such as gargles, atomizations and inhalations, could effectually destroy the virus, in which case it could be properly considered as having existed locally, in the same sense as that of incipient syphilis. Dr. Salisbury, of Cleveland, reported his arduous and well merited researches and microscopical investigation of the various species of bacteria. We read a great deal about microscopic investigations of zymotic disease, but seldom any in reference to the chemical.

Taking the view that there is an acid condition in the development of the disease, the remedial agent sought for would be the one that would meet the greatest number of indications. Should I, after more thorough research

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and further investigation, find myself in error in part or *in toto*, I would then occupy no worse position than many others, who in their zeal have endeavored to give to the profession their views from observation and clinical experience. It is in that way that we are often benefited and the true knowledge brought out to the benefit of suffering humanity. Many and varied have been the treatments, each in turn claiming his own as having served his purpose best—tr. chlor. ferri, chlor. pot., bichloride of mercury, turpentine, tartaric, sulphurous, salicylic and carbolic acids, quinine, tr. iodine, and many others too numerous to mention. Even rectal injections of quinine, chlor. pot., salicylic acid, tr. ferri, chlor., wine and cream have been resorted to. Dr. Salisbury claims for quinine the very best results, and Dr. Gaultheir claims the very best results from tr. iodine. In my opinion the quinine, tr. iodine, tr. ferri, chlor., turpentine, etc., have meritorious claims, especially quinine; but all have germicidal action, locally or constitutionally.

Accepting the theory that the material in which the microbes thrive best is acid, like that of gonorrhœal virus, which can, I believe, be pretty clearly demonstrated, why could it be impossible that all the zymotic diseases generate in the system an acid condition? If that be so, then any medicine that would either destroy the germ itself or the medium in which it thrives would certainly be of some value. Some doctor said, "We await the advent of some medical Joseph, who shall discover a germicide which is not a homicide at the same time." That which to me would seem to meet the most indications, and that which I have been using since about 1880, has been carbonate of ammonia, jaborandi, benzoate of soda, quinine, steam and poultices around the throat. From that which I have seen, and from my own experience, the results have been entirely satisfactory in three ways: the low mortality, short duration of the disease, and the less liability of any sequela.

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A doctor in England, whose name I have forgotten, used carbonate of ammonia in scarlet fever long ago, claiming for it the therapeutic value of shortening its duration and lessening the bad results that so often follow. Bartholow speaks of it in this connection, but none have been using enough, perhaps for two reasons: first, it is sometimes difficult to give; secondly, all the works on materia medica, that I have examined, state that 20 to 30 grains will cause emesis, but I know differently; I have given 30, 40 and 60 grains in solution to adults. I have always found that the more the system needed the drug, the more could be tolerated. Hence I have invariably used the stomach to regulate the dose.

In carbonate of ammonia and benzoate of soda, we have, as I believe, two valuable drugs, not only in diphtheria, but in all zymotic diseases in which I have tried them. Bichloride of mercury may be good, but you are dealing with a poison capable of doing much harm. In carbonate of ammonia and benzoate soda we have, as I believe, a germicide in two ways: first, they destroy the germ; second, the medium in which it thrives best. Given with milk, they stimulate and maintain the strength of the patient. They are safe and harmless when needed. Jaborandi assists very largely in keeping the exudations soft, and facilitates the removal of membrane already formed better, I think, than small doses of calomel. I might be too enthusiastic upon the subject, but believe that when anything like accurate measures are reached, that it will be in that direction. It is true that in diphtheria the invasion of poison is at times so rapidly diffused into the system, and the accumulation of the products in the air passage so rapid as to destroy life before any treatment, however good, could make any impression upon the poison. No one would pretend to deny but that water would put out fire. Yet it is a well-known fact that a little water makes a fire fiercer and hotter. The same would seem true of certain medicines applied to disease, viz.: A

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small amount of quinine only increases the intensity of miasmatic poison, while large doses arrest tissue consumption and lower temperature. Carbonate of ammonia, it would seem, has the same effect, and must be given largely when needed.

In 1882 I visited my parents living in Cumberland Valley, Pa. An epidemic of diphtheria was prevailing in the neighborhood. Dr. Taylor, the old family physician, had some twenty cases in charge, and had lost a large number. I found that he was using the chlor. pot., tr. ferri chlor. and poulticing. I requested him, giving my reasons, to use carbonate of ammonia, jaborandi and benzoate of soda, with quinine given dry on the tongue. He was much pleased with the result, and to my personal knowledge lost no cases during my stay.

In this section we have at all times miasmatic influences to contend with, and must use more or less quinine.

DISCUSSION.

Dr. E. F. Ingals:

I have just a word to say concerning Bergeon's method. I cannot look upon this method of treatment as a cure-all by any means. In the patients in whom I have used it the other treatment has been continued the same as if I had not used the gas, and I have seen the temperature go down within four or five days and the cough greatly diminish. However, in one case the temperature has gone up and things look badly. In one case the laryngeal symptoms were made worse. But in a part of the cases it has done so well that it seems worth while to try it. There are dangers reported. It is important that the physician himself should attend to the administration of the gas for a couple of weeks, at least once a day, afterwards it may be looked after by some one else. If it is left to the patients there is apt to be some mistake, and they are not likely to follow up the treatment.

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There have been some very offensive advertisements in the papers resulting from what has been said concerning the various sulphur waters. By using 5 grains of the chloride of soda and 5 grains of the sulphide of soda to 24 ounces of water, we know exactly what we are doing, and I believe treat our patients as well or better than we could by the natural waters.

I have been much interested in what Dr. Oyler has said in his paper concerning diphtheria. The treatment that he suggests is novel so far as I am concerned. I have found, however, that every one has his peculiar treatment, which is peculiarly successful. Some of you have treated, I have no doubt, hundreds of cases with few deaths. But we all know that when we treat severe cases of diphtheria they are very likely to die. It has been said that the less the effect of remedies upon a disease the greater the number of specifics for that disease. The old-fashioned treatment has seemed to me very successful. The use of gargles and sprays seem to be of some use, but nothing should be used to produce struggling on the part of the child. Tincture of iron and quinine are especially valuable. There were two points in the paper that seem to me objectionable. One, the use of large doses of carbonate of ammonia, which would be very objectionable to the child; the other, the use of quinine dry upon the tongue, which is very offensive to most people. For my own part, I would rather give the tannate of quinine and chocolate, or, if possible, quinine in capsules.

Dr. Robison:

In using the sulphurous waters I have given a preference to the natural waters, inasmuch as I have not been so fortunate to obtain as good results from the artificially prepared sulphurous waters as the gentlemen who precede me. I was uuable at first to obtain the natural water, consequently I made a solution according to the formulæ used in the hospitals in Philadelphia. By chemical

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tests I was unable to secure any evidence of sulphuretted hydrogen, and the action of the gas upon the patients was not satisfactory. I then secured the natural mineral water, and chemical tests revealed sulphurretted hydrogen, and the action of the gas upon the patients was very satisfactory.

Dr. N. S. Davis:

I have but a very few words to say in reference to Bergeon's method. I have no personal knowledge of the treatment suggested, but I occasionally get a history. A young man came to my office in the suppurative stage of consumption, having used the treatment ten days, and, according to his report, instead of diminishing the suppurative process he insisted that his expectoration had increased and he had received no benefit whatever; but he had only used it ten days. I urged him to continue the treatment, and mention the matter simply to call attention to the fact that in this case the diminution of night sweats and expectoration had not been in accordance with the results generally reported.

In reference to the paper by Dr. Oyler, I desire to ask whether, in devising the treatment for diphtheria or any other acute febrile disease, we are not too apt to limit the inquiry to finding some remedy or some combination that you can commence and give right through to the end. One man advocates tincture of iron as the best remedy; another brings up carbonate of ammonia, big or little doses; another puts in calomel from the beginning to the end for the same thing. Each one has some leading remedy and something to apply locally. Now, it has seemed to me in my experience that in this disease we have a definite progress. Cases present general conditions of secretion, of exudative products, and conditions of the skin, each essentially different as they progress. I have attended many cases of diphtheria in former times and have gone through many epidemics, some so severe that I have seen four children ready for burial on the

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same table. I have seen other epidemics where I would attend 40, 50, 60 patients with hardly a death among them. Now, this difference in the grade of epidemic diseases always exists. The different epidemics differ in their severity their tendencies, their fatality, their amenability to remedies as clearly as there are differences in temperature. When I have come to a case of diphtheria in the beginning, I find most generally a dry skin and checked secretions generally. The membranous exudation comes out rapidly. Now, when we have gone along four or five days, there is not only exudation on the mucous membrane, but the glands of the neck become tumefied, and the disease reaches its culminating point. At a certain time, if the patient lives without any medicine whatever, you will begin to find a change in the taint of his breath, and in the next twenty-four hours disintegration begins, and you have passed the active stage and reached the beginning of the suppurative stage, if suppuration takes place. If it is a severe case, ulceration and muco-purulent discharge from the nostrils and from the throat occur. Some remedies may be given in the beginning to prevent as much as possible the unnatural checking of secretions and to hold in check the excessive temperature. If there is any stage at which calomel is wanted it is early. But if you commence to give iron and carbonate of ammonia in that stage I have seen no good results follow. But just as soon as you get to the culminating stage the pulse begins to be softer, quicker and weaker, the patient begins to look a little less florid, and you begin to get the stage of depression, then is the time to use the carbonate of ammonia and iron, or iron and quinine, or anything that will act in the same direction. We should thus adjust remedies to the stage of the disease and not give one remedy from the beginning to the end. It seems to me this is largely forgotten at this day. One of the most important things for physicians to learn is the adapatation of their remedies to the exact pathological re-

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lations of each successive stage of the disease. Then, if they want to help nature, let them adjust their remedies to the stage under observation. By this means you will cure 50 per cent. more patients than if you try to find some specific that can be given in the first stage and carried on through to the termination of the case.

Dr. D. A. K. Steele:

Just at the present moment Bergeon's treatment is the live question of the day. While it is not apparently a cure for consumption, and while the use of this agent does not destroy the bacilli, yet after its use the symptoms of sepsis or blood poisoning will in a measure disappear. It is of advantage as a germicide; that is, in lessening the quantity of the sputum and its offensiveness. But it does not cure the disease. It is the fashion and we have to use it. Now, the apparatuses that are for sale in the instrument shops are faulty and somewhat expensive. In regard to the procuring of the carbonic acid gas, all that is necessary is a Wolff bottle with three stop-cocks, with a glass chamber above in which the sulphuric acid can be put and allowed to trickle down on the soda below. Now, in place of the ordinary apparatus I procured a large rubber bag, which is used as a receiver, and inflated it with carbonic acid gas from a soda water generator in a drug store. Then all that you require is another Wolff bottle with two stop-cocks in which you place the natural mineral water containing sulphur. The entire expense of the apparatus is not over four or five dollars. In regard to the using of this treatment it is simply on trial, and I am not an enthusiast. Of course during the first few months we read of many cases benefited, but I am willing to put myself on record as of the opinion that it will be very evanescent.

Dr. G. L. Corcoran:

I have heard a great deal said in regard to this new thing of injecting gas in pulmonary phthisis. In all

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probability there may be something in it, and I suppose it would not be right on the present occasion to say anything to a certainty until it has a full trial. There must have been something to start the matter, and the probability is that something may be evolved from this. It would seem absurd to an old practitioner like Dr. Davis that an injection of gas into the rectum would benefit tubercle in the lung. But, nevertheless, stranger things have happened, and it may be that by prosecuting this matter and trying different gases something may be found to affect the tubercle, and something definite arrived at. The questions are, what will affect tubercle and prevent suppuration. Now, in my treatment of phthisical patients I have found nothing so good as iron and arsenic. I have tried almost everything, and I have had parties come to me often in the latest stages, but I have benefited them by the administration of arsenic. I have held them up, and some have actually recovered. There was no cod liver oil in the case.

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REPORT OF THE COMMITTEE ON SURGERY.

By D. A. K. Steele, M. D., Chicago, Chairman.

The progress of surgery has been so rapid and the achievements in the domain of surgical pathology so definite, during the past year, that a literal compliance with the by-laws of our society by your chairman of surgery would occupy the entire time allotted to this meeting; and, therefore, while the importance of the subject might merit such a thorough review and discussion, still it would be manifestly unjust to the other sections. And while I should be glad to answer such of Dr. Cook's queries as have not been alluded to in Dr. Brower's paper, still, when we consider the scope of his desired information, to comply would be like giving a history of the world in ten minutes. And then again I have too much regard for the continued usefulness of the members of this society to answer fully his fourth query, for it is on record that Block, of Danzig, who made so many experimental pneumectomies successfully on animals, was so chagrined at the death of a female relative—his first human patient—upon whose lungs he performed apicial resection, that in consequence of a medico-legal inquiry and criticism he committed suicide, his death soon following that of his patient, and thus ending a promising future. If I were to tell you how to cut out tubercular lungs, perhaps jealous confreres might instigate legal inquiry if not successful in results, just as Battey was threatened as he sat night after night with his first oöphorectomy. Hence I shall be obliged to limit myself to a brief *résumé* of such topics as are of practical interest to every surgeon, culled from the best sur-

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gical literature at my command, and reflecting the views and experiences of the leaders in this branch of our art.

LITERATURE.

The year has been rich in surgical book-making. The most notable event in American surgical literature during the past year has been the appearance of "Wyeth's Text-book on Surgery," an attractive single volume, containing, in a condensed form, the pith of modern surgery. Unfortunately the author does not give sufficient prominence to the important rôle occupied by micro-organisms in the production of surgical diseases. His attitude in discussing this question is too conservative to meet the views of enthusiastic antiseptic surgeons. Still, in nearly all respects, it is thoroughly practical and deserves the esteem with which it has been received.

The transactions of the American Surgical Association, edited by J. Ewing Mears, M. D., contains a large number of very interesting papers upon various surgical topics, most of which you are doubtless familiar with, as they have already appeared in whole or abstract in the leading medical journals. The paper representing the greatest amount of original reseach, and that has attracted the widest attention in surgical literature, was by Prof. N. Senn, of Milwaukee, on "The Surgery of the Pancreas." In this elaborate memoir Senn supplies data upon which to base rational methods of treatment for such diseases or injuries of the pancreas as may be amenable to surgical interference.

Ashhurst's "International Encyclopædia of Surgery," has been completed by the appearance of the sixth volume during the past twelve months. It compares favorably with the preceding volumes, and contains, as an appendix, an admirable "History of Surgery," by George Jackson Fisher, of Sing Sing, N. Y. This scholarly annex confirms the repu-

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tation of this writer as a bibliophile without a peer in this country.

Among the reports of the different State Medical Societies, that on Surgery, to the Texas Medical Association, by Geo. Cupples, M. D., chairman, deserves mention, as it represents in a statistical form the work of one hundred and thirty-eight (138) Texan surgeons in four thousand two hundred and ninety-three (4293) operations. A synoptical table accompanies the report, and is of great value and interest for purposes of comparison with the results obtained in crowded city hospitals. This report from the Lone Star state proves that patient research, persistent labor, and professional enthusiasm are not confined to a few cities on the Atlantic coast, where the eminent men of our profession are supposed to hold court.

Among journals, the *Annals of Surgery* maintains its supremacy as the only journal in the English language that is devoted especially to surgery and admits only original articles to its columns.

Heath's "Surgical Dictionary" supplies a want felt by the busy practitioner who desires to refresh his memory quickly on points of diagnosis or treatment of surgical diseases or injuries.

COCAINE

continues to have a wider range of usefulness as a local anæsthetic, many major operations being done under its use in 5 to 10 per cent. solutions, instead of the 2 to 4 per cent. solutions first used.

Rectal administration of the vapor of ether for general anæsthesia seems to have been nearly as evanescent as the vapor itself, and is seldom used.

SURGICAL PATHOLOGY.

The basis of all real advance in surgical science lies in a better knowledge of the underlying causes of disease, the ætio-

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logical factors that, until the recent researches in bacterial science by Koch, Pasteur, Cohn, Sternberg, Lister, Shakespeare, and other observers, were but illy understood. The most important era in the evolution of bacterial science began some four years ago, when Koch, of Berlin, introduced the method of cultivating them in hard and transparent soils instead of fluid media, and little by little the germ theories of disease have been gaining ground, until now many of our best colleges have well-equipped bacteriological laboratories, and special chairs have been created to teach this new pathology. This is true not only in the older eastern schools, but also in Chicgo, where Fenger, Senn, Curtiss, Belfield, Ochsner, Frank Billings, and others, are cultivating this field for the benefit of western students and the real advancement of surgical science. The fungi, cryptococci and schizomycetes represent three forms of these micro-organisms belonging to the lowest forms of vegetable life. These in their simplest state consist of single cells, but each differs from the other in its mode of growth.

Fungi grow by developing into lung filaments, *hyphæ*, and the entire mass before fructification is called *thallus*.

Mycelia are masses of ramified hyphæ which develop sporangia containing round-celled spores capable of motion and redevelopment into hyphæ, forming mycelia. Common mould is an example of this species, and requires acid soil.

The *cryptococci* grow by sprouting, and are the cause of fermentation. Yeast is an example of this mode of action in the media in which they are cultivated.

The *schizomycetes* grow either by division or spore growth, and differ greatly in form, which action gives rise to a variety of terms for the minute organisms of this class—the round being known as micrococci, the oval bacteria, rod-shaped, bacilla, spirillum, etc. The micrococci, when found in chains, are termed streptococci; when in bunches,

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staphylococci, and in large masses, zoogloea. They require an alkaline or neutral soil.

Now you may ask of what practical importance is all this reiteration of bacterial terms, and assuming their correctness, how will they aid us in diagnosing or treating surgical diseases. In reply, I would call your attention to

ACTINOMYCOSIS.

A disease whose parasite was first described by Lebert, in 1857, although they were not recognized until Bollenger published his celebrated treatise on the subject in 1877, giving them the name actinomyces; and it is due to the labors of a member of this society, Dr. W. T. Belfield, that the disease in cattle termed swelled head or lumpy jaw has been identified as actinomycosis from the ever present sulphur-colored millet-seed-like bodies clustering together, and under the microscope found to be intertwined fungus-mycelia, of the first class described. John Ponfick and Israel have fully investigated and identified these micro-organisms. The honor of having recognized the disease in man belongs to Ponfick. Recent cases of the disease have been reported by Zemann, Chiarri, Middeldorpff, Muller, Magnussen, Irenes, Shattuck, Konig, Partsch, Esmarch, and Ochsner of Chicago, although as yet the number is less than a hundred. When recognized, the only efficient treatment is thorough opening and scraping of the abscess cavity, with destruction of the infected tissue.

ANTHRAX.

Anthrax, or malignant pustule, still retains its interest for the surgical profession, as it was the first mycotic disease discovered in man, and occasional cases are still reported, the latest being by Esser, Schultz and Ballance.

OSTEO-MYELITIS.

The micro-organisms of acute infecting osteo-myelitis, according to Rosenbach, Becker, and Garre, of Bale, have

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been identified as staphylcoccus pyogenes aureus, and staphylcoccus pyogenes albus, and streptococcus pyogenes occasionally.

PYÆMIA.

The same micro-organisms are found in pyæmic patients.

ERYSIPELAS

can also now be included in the list of germ diseases, since the investigation of Fehleisen.

TUBERCULOSIS.

Perhaps in no field of surgical research have so many enthusiastic workers been engaged during the past year as in the study of the specific micro-organisms of tuberculosis; nor is this to be wondered at when we consider that such a vast array of surgical diseases that until the past few years were vaguely classified as "scrofulous," "strumous," "malignant," "Pott's Disease," "white swelling," "fungous arthritis," "lupus," etc., are now, thanks to modern research and experiment, definitely classified as examples of tuberculosis of bones, joints or synovial surfaces, and rendered curable by this recognition of their true pathology whenever the tubercularization of organs or tissues is so localized as to render them amenable to surgical interference, excision, incision, evidement, cauterization, thorough destruction of infected tissue or sterilization of a surrounding area that will prevent the onward advance of micro-organisms in certain conditions or diseases.

In tuberculosis of joints, the primary infection is in the epipheses of long bones in children. After ossification of bone, in 95 per cent. of all cases the local origin of joint affection is in the synovial membrane. Tubercle bacilli always pre-exist in Pott's disease, and the traumatism is only the exciting cause—without infection from the bacilli all traumatism to the vertebral bodies would assume the formative type.

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Pus infection of local tuberculosis is a very grave complication, and in all operations on tuberculous tissue the strictest attention to antiseptic details are imperatively demanded. The actual cautery, or paquelin-cautery, should be used to seal up vessels and prevent general infection from a local deposit and a heavy antiseptic dressing applied.

WHITE THROMBUS.

Ebert and Schimmelpfemring have shown that foreign substances in the blood current are soon covered with a third element or blood plaque. These plaques and red blood corpuscles do not come in contact with the vessel walls, but are found in the axial current.

When stasis (from any cause) occurs, the third corpuscle undergoes viscous transformation and adheres to the white corpuscle and vessel wall, causing a pure *primal white thrombosis*, contrary to the former belief that a white clot was always an old or organized clot. A red thrombus is the result of pyæmia or coagulation necrosis.

ANTISEPTICS IN SURGERY.

Knapp, of New York, in a series of interesting experiments recently made, confirms the experimental researches of Strauss, Scheurlein, Klemperer and Ruys, that suppuration is always caused by bacteria, and that the introduction into the tissues of sterilized solutions of chemical irritants, such as turpentine and croton oil, were never followed by suppuration where the experiments were properly performed. He concludes that fermentation is the decomposition of carbo-hydrates into simpler compounds by the agency of living microbes.

Pus is "an albuminous, non-coagulable fluid, containing a multitude of leucocytes," and suppuration is "the splitting of living nitrogenous tissue into simpler compounds through the influence of certain bacteria." He regards the parallelism of fermentative putrefaction and suppurative as established. He investigated the subject under three heads:

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1st. Does traumatism of any kind produce suppuration?

To answer this question he made a series of experiments upon rabbits, performing upon the two eyes of the same animal operations identical in every particular, except that in the second operation the point of the knife was dipped into an emulsion of staphylococcus pyogenes albus. The second day no irritation in the first, but a phlegmonous inflammation in the other. In extraction of cataract in rabbits, the author has repeatedly lacerated and bruised the iris, evacuated almost all the vitreous and stirred up the rest with a platinum needle that had been previously brought to a glow, and finally scratched the ciliary processes with the same in every direction, yet no suppuration ensued, whereas the smoothest and most cautious operations were invariably followed by suppuration when the wound was contaminated in some way by pyogenic fungi. From these experiments, confirmed by other facts, he concludes that mere traumatism of whatever kind never causes suppuration.

2d. Do foreign bodies, as such, cause the formation of pus?

A series of experiments in which sterilized foreign bodies were introduced into the anterior chamber without suppuration, while those which had previously been dipped in an emulsion of staphylococcus pyogenes albus invariably produced suppuration, answer the question in the negative.

3d. Are there any kinds of chemical agents that cause suppuration without the intervention of microbes? has already been answered in the negative in the opening statement.

The proper cleansing of the hands is one of the most vital points in the successful practice of antiseptic surgery, and to be safe they should be scrubbed with soap and warm water for five minutes, then two minutes with a 1 to 1,000 solution of bichloride or thymol, or a 3 per cent. solution of carbolic

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acid. After changing bandages the scrubbing should be repeated to leave the hands germ free.

ANTISEPTIC SURGICAL INSTRUMENTS.

Heiderich, of Moscow, at the congress of Russian surgeons, held in January, 1886, in St Petersburg, presented a paper on this subject, in which he claimed that in order to be antiseptic instruments must be made of a hard material which could not be scratched and in which no crevices could be formed; the material must resist chemical or thermic influences and must not rust after being treated with an antiseptic solution. The instruments must be made of a single solid piece of metal, or at least they must be easily taken apart without help of any tools. All parts of the instruments must be smooth and round, admitting no sharp edges, corners or blind holes. Steel and glass are the only materials which can be kept aseptic, the former being kept nickel-plated or galvanized. Cases should be made of polished wood capable of thorough disinfection, and should not be lined with silk or velvet. Aseptic silk should be kept in hermetically closed jars, wound on glass spools, each jar holding four or five spools of different sizes, so arranged that the ligature of required size can be drawn through an opening corresponding to its size through an inner stopper, so as not to expose the silk to the atmosphere. Shvabe, of Moscow, was the first to prepare such jars and cases. Wire and other ligatures can be kept aseptic in the same way for an indefinite time. Fenger, of Chicago, has procured some of these instruments for use in the County Hospital.

Corrosive sublimate, iodine, carbolic acid, salicylic acid, boric acid and alcohol, in the order named, are, according to Sternberg's table, the most efficient germicides.

Iodoform, on account of its practical insolubility in water, and thus offering the greatest resistance to the solvent ac-

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tion of the fluids and excretions of the body, continues to be used quite universally as an antiseptic application to all operation wounds, and is likely to long maintain its favorable position, as experience has taught its more judicious use.

SURGERY OF THE LUNGS.

Park, of Buffalo, discusses this subject in the May number of the *Annals of Surgery*, under three heads—Pneumotomy, Pneumectomy and Thoracoplasty.

Pneumotomy, or incision into the lung or an abscess cavity in its tissue by means of a knife or thermo-cautery, is indicated in cases of

1. Bronchiectatic abscesses, } when they can be localized.
2. Tuberculous abscesses, }
3. Gangrene of the lungs.
4. Pyo pneumo-thorax.
5. Hydatid cysts.
6. Foreign bodies.

The operation presents no difficulties except where there is an absence of adhesions. Of 84 cases tabulated, there were 28 deaths, a mortality rate of 32 per cent. or a trifle more. To this list I might add one additional recovery.

Pneumectomy, or the resection of a part of the lung, is indicated for

1. Hæmorrhage from a wound of the lung.
2. Hernia of the lung—traumatic.
3. Neoplasms, especially those of the pulmonary environment, which involve the lungs.
4. Disease (tubercular) of one lobe ?

Thoracoplasty, or Estlander's operation, has been frequently done, with the result of obliterating old pleural suppurating cavities, although in three cases that have fallen under my observation the fistulous track did not fully close, possibly because a sufficient width of rib was not resected

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to permit complete falling in of the bony wall overlying the abscess cavity.

SURGERY OF THE KIDNEYS.

Surgical operations upon the kidney are now becoming so frequent and are relatively so safe as not to require more than a passing notice.

1. *Nephrorraphy*, or suturing a floating kidney ;
2. *Nephrotomy*, or exploratory incision ; and
3. *Nephrectomy*, or excision of a diseased kidney, classifies the operations that are usually done.

Morris, of London, reports three interesting cases of the first class and three of nephrotomy in the April number of the *Annals of Surgery*, and Belfield reports three cases of digital exploration of the kidney in the May 14th issue of the *Medical Record.* Notwithstanding that in some of these cases there were no gross pathological changes of renal tissue readily appreciable to the eye or finger, yet there seems to have been a marked improvement in the condition of the patients. It is possible that surgeons may be influenced by these favorable reports to overdo exploration of the kidney for supposed obscure surgical lesions of the pelvis or calyces, and it is also possible that the apparent improvement in cases where no abscess or calculi were found may relapse, or that equal improvement might be obtained by milder measures.

Drainage of the bladder by means of a median perineal urethrotomy and dilatation of the prostatic urethra affords marked relief in a large number of cases, and permits thorough explorations of the bladder and irrigation where necessary. This procedure enables the surgeon to clear up the causes of many cases of cystitis depending upon cysts of bladder, papilloma, concretions, prostatic disease, imbedded calculi, etc.

Supra-pubic cystotomy seems to be rapidly coming into vogue again, well illustrating the rise and fall and re-estab-

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lishment of old surgical procedures with modern additions and improvements.

PERSONAL EXPERIENCE.

And now I desire to allude to certain cases and groups of cases that have fallen under my personal observation during the last few months, which will well illustrate and emphasize some of the points hereinbefore mentioned.

WOUND HEALING.

Before operating I am in the habit of following the pretty general routine practice of modern surgeons of making on the preceding day a preliminary antiseptic toilet of the field of operation, so as to render it surgically clean or aseptic. This method involves a thorough scrubbing of the part with soap and warm water. The use of turpentine to remove animal oils from the surface, washing with a 1 to 500 solution of bichloride, then shaving the parts, and finally another sponging with a 1 to 1,000 bichloride solution, dusting the surface with iodoform, and applying a lister dressing which is removed at the time of operation, when antiseptic irrigation is again used. I have abandoned the spray entirely for the past three years, and get equally satisfactory results without it. By attention to these details we secure primary union in nearly every operation. In my office operations I have not seen a drachm of pus following surgical procedures I had instituted during the past year. Much of this success has been due to the valuable assistance of my associate, Dr. E. E. Babcock, in strictly carrying out the details of dressing *a la* Lister.

AMPUTATIONS.

Perhaps in no part of operative surgery can better results be shown than in primary amputations, and my method of securing primary wound occlusion and permanent adhesion in these cases may be instructive. After the preliminary cleansing just mentioned, and which will apply to all cases I

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may cite, I proceed to the operation with sterilized instruments, and the hands of myself and assistants have been subjected to the same careful cleansing and disinfection as had been bestowed upon the patient. Either a flap or modified circular amputation is made after the rubber tourniquet has been applied—V. v. Brun's method being preferred, which consists of a large anterior flap made up of skin and superficial fascia, the base being a little wider than one-half of the circumference of the limb and the length corresponding with at least two-thirds of the circumference of the limb. The flap may be either semicircular or nearly square, to adapt itself to the circular wound below. After the flap has been raised and reflected the remaining soft tissues are severed by a circular incision. The periosteum is then divided around the bone and peeled back for half or three-fourths of an inch and the bone sawn across and the edges rounded with a raspatory; all bleeding is arrested by catgut ligatures and a hot bi-chloride douche; the periosteal cylinder is carefully stitched over the end of the bone with fine catgut. I always round out the stump by drawing the divided muscles over the end of the bone and fixing them with buried catgut sutures. The flap is then drawn over the stump and fixed by three or four deep, interrupted aseptic silk sutures to the circular stump, and the edges accurately approximated by fine interrupted aseptic silk sutures after the surface has been slightly dusted with iodoform, which is also rubbed into the muscular and connecting tissues of the wound. A rubber drain is usually passed from side to side on a line with the osteal section, the flaps being button-holed to permit the exit of the ends. A smaller tube is placed beneath the skin flap, and all can be removed at the first or second dressing. The primary dressing is usually changed in two or three days to remove the blood-stained gauze and small rubber drain. A new dressing is not made for a week unless there should be development of temperature. In eight to

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fifteen days union is often complete. These enlarged drawings from photographs taken will tend to illustrate the results obtained, and if time permits I would be pleased to have the members see some of the patients.

Shoulder amputations,		3	cases.
Thigh	"	1	"
Leg	"	2	"
Hip, excision		1	"

In finger amputations I do not use any ligatures or drainage, but arrest bleeding and close flaps by two deep lateral aseptic silk sutures and a few fine coapting sutures. The entire dressing is completed before I remove the rubber constrictor.

In operations on bone I follow Schede's method of allowing the defect to fill with a moist aseptic blood clot that undergoes organization; the same method that has long been in use in certain subcutaneous operations, and in open operations on shortened parts in club-foot by Phelps' method. The large clot that at first filled the wound is found in three or four weeks to only leave a scar covered with a little dried blood under the antiseptic dressing, no disintegration having taken place. I have found this plan applicable also in plastic operations and in removal of fragments of bone in compound fractures, and in one case of fracture of the dorsal vertebra where an exploratory incision was made, no drainage being made, but closure of the wound over a blood clot being followed by rapid healing without symptoms.

FRACTURES.

In simple fractures I emulate the example of Yandell, enunciated some twelve years ago, of applying immediately a primary plaster cast in nearly all fractures of the leg. After adjusting the fragments I apply two or three thicknesses of simple sheet wadding, over this a firmly applied

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roller bandage and then two or three of Schorse or Meyer's six or eight yard plaster rollers. The limb opened and examined at the end of a week or ten days to ascertain that position is perfect, and then reapplied and seldom disturbed until bony union is complete. The uniform elastic compression thus obtained prevent swelling and maintain the limb in much better position than can be obtained if the usual rule of three or four days hot fomentations in a blanket splint or fracture box is followed. I have now treated over two hundred broken legs in this way, many of them compound or comminuted, and have never had any but the happiest results—comfort for the patient and less anxiety for the surgeon. I have never had a case of sloughing or gangrene; where there is great bruising of the soft parts, with effusion of blood, I incise or puncture and put on an antiseptic dressing first. I have under treatment now a man with a compound fracture, produced by four tons of iron falling on his leg, put up in the way I have described, where there has only been a superficial slough. In compound fractures, as a rule, I disinfect, wire the fragments and drain posteriorly, then dress as above, sometimes suspending the leg in a cradle for the greater comfort of the patient.

In delayed union or un-united fractures, I drill the unossified band of callus between the fragments in various directions, and if this fails, cut down upon the ends aseptically and fasten them firmly with two or three bone pegs or resect the ends and nail or wire, then put up in gauze and plaster.

During the past summer I instituted a new method of procedure in treating intracapsular fracture of the neck of the femur.

The patient, Martin Shea, aged sixty, fell from a porch some eight feet, striking upon the left trochanter, fracturing the neck of the femur. I made an incision directly down upon the trochanter major, and, with a periosteotome, separated the soft parts along the neck so as to allow my index

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finger to rest upon the fracture, which I found to be very oblique and comminuted. A number of loose fragments could be felt, and the sharp end of the inner fragment had torn the capsule so my finger could be carried between the fractured surfaces. The detached pieces were picked out, the axis of the neck restored, and, while I steadied them, Dr. Chandler carefully drilled through the trochanter and neck into the loose head, along a line which I had previously ascertained by careful measurements. Into the drill opening a strong bone peg was firmly driven, fixing the fractured parts firmly together. Posterior drainage by the side of the joint was secured by a perforated rubber tube, the wound was closed and a heavy antiseptic dressing applied, over which a plaster cast was placed, and he was suspended in a gaspipe frame. After three days he was lowered on the mattress, and on the following night rolled over on his side and got out of bed, hopping across the room to get a drink of water, disarranging the dressing and probably breaking the bone peg, as after this gymnastic performance the foot became everted. The wound reopened and discharged synovial fluid and synopus for two or three months, when it healed firmly and remains sound and well, with a large callus around the fracture, with the leg shortened somewhat, everted and as helpless as fractures of the neck in old people usually are. I think the procedure was a justifiable one and will repeat it on the next patient who has intelligence enough to co-operate with me for a successful result.

CLINICAL CONTRIBUTION TO THE REPORT ON SURGERY.

B. F. Crummer, M. D., Warren.

I.—Penetrating Wound of Right Thorax and Lung.

II.—Pleuritic Effusions Treated Surgically.

A penetrating wound of the chest wall and lung usually

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allows the admission of air, and when the sanguineous effusion is large must be treated by the open method. Chest wounds from a missle entering below the diaphragm must be complicated by the symptoms of injury to the abdominal organs, and a penetration of the lung from the apex is, from the nature of the anatomical surroundings, a rare event in surgery. Most of such cases die from injury to the large blood-vessels, while if gunshot wounds, they are complicated by a foreign body in the chest.

The case here reported is unique because the lung was extensively lacerated, a large hæmorrhage into the right chest resulted, no air could gain access through the wound, and no foreign body remained in the chest. The case seems to illustrate the result we might expect from the treatment of stab wounds of the lung by the method of hermetically sealing the opening.

On July 10, 1885, W. D., a farmer, single, twenty-five years of age, six feet in height, and of vigorous constitution, sustained an injury from the "horse-fork" used in storing hay. This instrument weighs thirty-five pounds, and terminates in two pointed bars of steel that close and open like the claws of an ice hook. It became detached from its fastenings, thirty feet above, and in falling one of the pointed arms was driven with great force into the nucha just to the right of the spine, and on a level with the fourth cervical vertebra.

The direction was downward, and slightly forward, and eleven and one-half inches of the ugly missle disappeared within the body, measurement showing that the point passed below the line of the nipples. One foot from the point the instrument had diameters of seven-eighths by three-eighths of an inch. The patient did not lose consciousness, and by a powerful effort with both hands withdrew the instrument. Hæmorrhage from the mouth was immediate, and so profuse that he came near suffocating. He sank

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exhausted after walking a few steps toward the house. The clothing showed but little hæmorrhage from the external wound, and the elastic tissues of the neck seemed at once to close this channel tightly. An hour after the accident the hæmorrhage had ceased, but the patient was intensely restless, with a feeble pulse, great pallor and dyspnœa. The skin was cold and blue; in short, all the symptoms of profound shock.

A slight emphysema developed over the anterior surface of the right chest and neck. Physical examination of the chest showed loss of motion, dullness over the right side loss of vocal fremitus and resonance, and entire obliteration of the respiratory murmur. Large gurgling râles were heard at the apex. Dyspnœa, for the first two hours was intense, but afterwards was moderate. Patient complained of severe pain darting through the right shoulder and arm. The wound was simply dressed with carbolized compresses, and the other treatment consisted of absolute quiet, cold applications to the chest, cracked ice and cool drinks internally.

Small doses of morphia, hypodermatically, as required by the pain, was the only medicine given during the treatment of the case.

At 5:00 P. M., the pulse was 100, very feeble and irregular. Emphysema disappearing; entire flatness on percussion, and no respiratory sound over right side of chest.

At 10:00 P. M., pulse 104 per minute, temperature 101° F. Respiration 34 per minute. Slight reaction. Some dullness perceptible, and moist râles now heard over anterior border of *left* lung.

Twenty-four hours after receipt of the injury the pulse was 96, temperature 100° F. Respiration 34 per minute. Reaction fair. During this, the second day, he vomited twice; expectorates small clots; quantity of urine very large but not measured. Slight, distant respiratory sound, and

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the flatness over the anterior surface of the chest changing to dullness. Percussion sound still flat over back of lung.

The temperature at no time exceeded 101.5° F., and twelve days after the injury was normal. Distinct evidences of a traumatic pneumonia, limited in extent, were present on the third day after the injury, associated with pleurisy.

The interesting point in the progress of the case toward recovery was the way in which nature dealt with the large effusion of blood. I confess the large amount of clot which I knew must be shut up in the chest gave me some uneasiness; in fact, I confidently expected the time would come when it would give rise to symptoms demanding a paracentesis. The sequel shows that nature can deal with a large hæmorrhage into the chest cavity provided it is kept aseptic, for the effusion disappeared with symptoms not differing markedly from those found in the course of ordinary serous effusions. Contraction of the right chest was somewhat marked, but in the course of a few months wholly disappeared, and the patient, in less than a year after the accident, considered himself as strong as before.

That the blood clot was directly absorbed I do not claim. I believe it was disposed of in the same manner that the sponge used in grafting disappears, through the pressure and disintegrating influence of granulations.

The instrument that produced this wound had lain exposed to wind and weather for a year, and was certainly not in a condition that would be called aseptic. How my patient escaped any septic influence, and how his wound healed "without a drop of pus," I will not attempt to explain.

The following cases from my note-book will illustrate some points in the diagnosis and management of serous effusions and empyema.

Case 1. Joseph M., aged thirty years, occupation miner.

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Well until a year ago. After working underground in a wet mine suffered from pleuritic pain, slight cough, dyspnœa, and general ill health. Became emaciated. Was treated by several physicians for phthisis. Physical examination gives evidence of moderate effusion in left thorax. The temperature is 101° F.; pulse 110. Cardiac impulse under the sternum.

Under well-directed medicinal treatment and counter-irritation for two weeks, no change in effusion.

First aspiration in sixth intercostal space, axillary line; six ounces serum withdrawn. Effusion evidently sacculated.

Second aspiration ten days later; eighteen fluid ounces withdrawn. At this time needle passed in eighth intercostal space, post-axillary line. With cod-liver oil and iron, recovery perfect; retraction slight.

In this case there was still evidence of remaining effusion after the operations, but the remedies that before had failed now produced resorption.

Case 2. Belle L., servant girl, aged twenty-two. Moderate serous effusion in right chest cavity; stationary for six weeks. Aspiration, at first, six ounces; in two weeks, fourteen ounces. Tonics and syrup of iodide of iron were given, and recovery was perfect, but slow. These cases were aspirated in my office, and the patients allowed to ride home, one of them a distance of ten miles.

Case 3. Mrs. K., widow, aged sixty-four years. Delicate for many years; in 1886 came into my hands with pleurisy of ten weeks' duration. Moderate effusion in right side temperature usually one degree above normal. Two aspirations were performed at intervals of three weeks, and twelve and sixteen ounces of serum was removed. This patient later developed phthisis and died six months after the second aspiration. The physician who attended her told me that the effusion did not return.

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Case 4. Garfield E., aged five years. Empyema of left pleural cavity following pleuro-pneumonia. Temperature ranged from 102° F. to 105° F.; pulse 140 to 150 per minute. Cardiac impulse felt on the right of sternum. Aspiration of a portion of the pus,—four, and six ounces, at intervals of a week. Fibrinous shreds greatly interfered with the flow through needle. Symptoms only temporarily relieved. Ten days later an incision was made in the axillary linebelow the eighth rib, and ten ounces of pus evacuated. The chest cavity was irrigated with two per cent. solution of carbolic acid until the fluid returned clear. A soft rubber catheter was left *in situ*, attached to the skin by a thread and adhesive plaster. The discharge was allowed to flow into sublimated cotton. During several weeks this case required daily injections which were mostly made by the family, as the case was ten miles in the country. The wash used most was a solution of salicylic acid one drachm and boracic acid two drachms to a pint of warm water, this being much safer in case any is retained than sublimateor carbolic acid. Only once did the pus acquire an odor of putrefaction, and this was promptly removed by injection of one in 2,000 corrosive sublimate. The case slowly recovered, and with little deformity or retraction. No portion of the rib was resected, and from my experience in this case I would not add this increased mutilation in any similar case. Certainly by avoiding resection when possible an element of danger is omitted.

Case 5. Millard P., farmer, aged twenty-four years, seen in consulation. History, slight cough and fever, with moderate pleuritic pain for several weeks. Hypodermic syringe used in exploration verified the diagnosis reached by physical examination of effusion in left chest. The fluid was purulent. There was no evidence of trouble at apices of lungs. Advised permanent opening, but this was refused because attending physician would not believe there was sufficient

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effusion. Two months later some pints of pus were evacuated through the mouth, with partial relief. This was repeated at intervals until death.

Case 6. Empyema; spontaneous recovery. R. C., aged seven, seen in consulation. History of pleurisy; has expectorated pus at intervals. Abscess just ready to break between 10th and 11th ribs. This had perforated two inches above, and traveled down under the skin. An operation and drainage was advised, but refused, because the family had been assured that the boy had expectorated and lost an entire lung, However, in the next six months the boy recovered with great retraction of the chest wall, thus adding another to the list of spontaneous recoveries from empyema. My experience has been that aspiration is a safe and innocent proceeding. In no case have I seen fainting, or even a great amount of pain or sense of constriction from atmospheric pressure. But aspiration in cases of empyema has not produced a cure in my hands, and I would in future proceed immediately the diagnosis is established to the radical operation of paracentesis and permanent drainage.

DISCUSSION.

Dr. P. H. Oyler remarked that he had treated during the last nine years quite a number of compound and compound comminuted fractures, generally using a fixed dressing made of flour and egg paste, in which a fenestrum is made for washing the wound with carbolized water. He related a case of crushing injury of the leg, from which two inches and a half of the upper third of the tibia were removed. Much of the integument and soft parts was destroyed, but the posterior vessels were intact. He made a successful effort to save the limb after it had been condemned by two other physicians. The doctor asked for information on the question of hermetically sealing the wounds of compound fractures.

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Dr. Charles T. Parkes:

I was very much interested in the papers presented by Drs. Steele and Crummer. With reference to cocaine, I would say, its usefulness is not as well understood by the profession, nor as often used as it might be. I have used it quite a number of times in office practice in both minor and major operations during the past winter. I used it in a case of resection for an ununited radius and ulna. The lady was affected with a severe goitre; had heart disease and dyspnœa, and being aware of these ailments we were fearful of the administration of an anæsthetic. To avoid that we decided to use cocaine. An Esmarch bandage was applied to the limb, and three injections of a 10 per cent. solution of cocaine made in the radial side of the forearm, along the course of the nerves, in the line of the incision in the soft parts. The soft tissues were slowly uncovered, and the hard tissues sawed through. It was a slow procedure, but the patient stood it all without any complaint whatever. When the operation was done, she said she felt no pain, except when the bone was being divided by the saw. That, of course, was on account of the limb being handled roughly; the motions of sawing the bone disturbed the parts. In this case I did not use the method as is usually the case in operations for ununited fractures, and also referred to frequently in all compound fractures, viz., of wiring the fragments together. I cut down upon one or two cases in which this procedure had been adopted, and there remained a fistulous opening, and the cause of these fistulous openings seems to be the wire. This case recovered as fully as if I had used the wire. There are times when this method, as well as the use of the bone pegs, is useful and advisable; but there are also a great many cases of compound comminuted fractures that recover without any such measures.

With reference to the question, "Does traumatism of any

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kind cause suppuration?" I would say, I think I have a case now that answers that in the affirmative. If the the gentleman means incision by the knife, I give up. The case to which I refer is a postal clerk engaged on a postal train; he has to go between bars, and the result of his being thrust from side to side by the motion of the train, and striking his hip against these bars, caused a growth or swelling which he had noticed for three or four months without any breakage of the skin whatever. He came to me two or three weeks ago with this tumor as large as his head. Upon examination I was convinced it contained fluid of some kind. I anæsthetized the patient; made an incision, going through the integument and superficial fascia before reaching the pus. It simply shows how pus will form in these deep seated neighborhoods without any apparent external injury. This is evidently a case where traumatism causes suppuration, if Dr. Knapp means that kind of traumatism.

I do not agree with Dr. Steele that it is necessary to rub or throw iodoform into the fresh wounds of amputations. According to recent investigation on the subject of antiseptics, microbes can be cultivated in the midst of iodoform; I therefore should not advocate its use. I hold that foreign substances should be got out of the interior of a wound, and iodoform is certainly a foreign substance, which is not easily dissolved. I remember seeing a large amount of it used not long ago in an operation for removal of the contents of the scrotum. The patient got well without apparently the formation of a drop of pus, but, unfortunately, after a week or so the side of the scrotum operated upon was not entirely emptied. It became necessary to do a secondary operation, and on opening the cavity a mass of iodoform about the size of a pigeon's egg was removed.

I heartily agree with those points in the paper relative

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to a digital examination of the kidneys, and also with regard to the necessity of doing the median incision for exploration of the bladder to clear up the condition existing there and relieve it. In this connection I would say, a little boy four or five years old, came to me suffering with all the symptoms of a foreign body in the bladder. He was examined repeatedly by a number of the most noted surgeons, but nothing could be ascertained by an ordinary examination. A mediam incision having been made, and a finger introduced into the bladder, we came upon what proved to be a pedunculated villous tumor.

Dr. E. Ingals:

The suggestion of Dr. Steele, to fix a floating kidney in its place by stitches, until adhesions form to retain it there, recalls to my mind an example of this accident of which I have notes, and in which a cure was effected in a manner not less happy than, to me, it was unexpected. In a family of which I had been the medical attendant for many years, a daughter, about twenty years of age, was married in February, 1881. Her physical inheritance was good, and up to this time she had never suffered any serious sickness. Her health continued to be good until June, 1882, when she commenced to have frequent paroxysms of severe pain in the left hypochondriac region. These continued, and in about six weeks from their first occurrence a movable tumor presented itself below the ribs on that side of the body. By manual pressure the tumor could easily be made to pass into the left lumbar and umbilical regions, or be forced up above the margin of the ribs, from which place it could be made to descend again with equal facility. The smooth, rounded contour of the kidney could be so perfectly traced through thin abdominal walls as to leave no liability of error in the diagnosis. The patient had never experienced any known accident or injury to which the dislocation of the kidney could be ascribed. She continued to have attacks of severe pain, which were often attended by a

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degree of nervous disturbance that would confine her to her bed. I endeavored to retain the organ in its normal position by the application of abdominal bandages, but my efforts were rewarded with indifferent success. In November, 1882, the patient became pregnant. As the uterus enlarged the kidney was gradually forced into its proper position, and about the end of the fourth month of gestation it had entirely disappeared. Aug. 31, 1883, she gave birth to a well-developed child, and has been delivered at full term once since. She has had excellent health since the middle of her first pregnancy, and up to the present time has had no reappearance of the wandering kidney.

Dr. B. F. Crummer:

In the discussion of the paper there has been much said about the antiseptic treatment of wounds. But there has been nothing said in favor of the open treatment of wounds. Do antiseptic measures make it so certain that we can definitely close any wound? There are certain classes of injuries, especially buffer injuries, in which the open treatment is the best. The reason for this is, that we cannot always be certain, in these accidents of a crushing nature, that the whole flap will live. Prof. Dennis, of New York, claims that the open treatment of a stump is a *typical* antiseptic proceeding. I would like to have Dr. Steele explain the direction of his cut through the skin. If the cut is made obliquely we are liable not to have good union. I cannot see any reason for making a cushion of the muscles over the bone. I believe the skin and cellular tissues make the best covering for a stump.

Dr. D. A. K. Steele, in closing the discussion, showed a case of excision of the hip for tuberculous granulations. He said: In reply to Dr. Oyler, in regard to the necessity for complex treatment of compound comminuted fractures, I quite agree with Dr. Parkes that the wiring and pegging of the bone in many cases is quite unnecessary. I think that simple, thorough cleansing, with drainage and plaster dressing, in the majority of cases is all that is necessary. I have also seen

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the same difficulty that Dr. Parkes speaks of—that is, the wire wound filling with granulations. Regarding the presence of iodiform, as to whether it can be depended on or not, I cannot say positively. In speaking of the dusting over of the operation wound, I qualified it by saying lightly, simply to use it as a very thin film over the wound surface in amputations, especially if dissolved in ether, as this is an excellent hæmostatic. I certainly do not approve of leaving a mass of iodoform as large as a pigeon's egg in the wound. Iodoform, dissolved in ether, is a very useful thing in treating abscess cavities; it arrests hæmorrhage promptly, forms a film, and prevents the bleeding of minute vessels.

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REPORT OF THE COMMITTEE ON OBSTETRICS.

ELLEN A. INGERSOLL, M. D., CANTON, CHAIRMAN.

Mr. President, Ladies and Gentlemen of the Illinois State Medical Society:

To literally fulfill the duties incumbent upon a chairman of so important a branch as the one on which I address you, and to condense a résumé of all advances and discoveries in obstetrics during the year past, is manifestly an impossibility in the short space of twenty minutes allotted. Theories require study for their proper investigation, and time and opportitunity for their demonstration. For these and other reasons, I shall only allude to some subjects and direct particular attention to others, often referred to, perhaps, by many of those who have preceded me in office, but which are ever of interest, not only from the advances and discoveries made therein, but also for the havoc which time and experience makes in our old theories. During the past year there have been valuable papers presented and frequent discussions in the different medical societies on practical topics by those most eminent in the profession. Some new facts have been elicited, some methods of treatment and operative procedures, both surgical and medical, have been more definitely settled, and I have endeavored in this paper to give, not so much original matter or individual research, as a condensation of the opinions of some of the practical workers in this great branch of our profession.

SIGNS OF PREGNANCY.

During the first six or eight weeks of pregnancy the changes in the uterus are practically limited to the body of

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the organ. The uterine body enlarges especially in its transverse diameters. The muscular substance becomes less dense. These changes are simply a result of the hyperæmic condition into which the corpus is thrown and kept by the engrafting of the impregnated ovum. As the result of such changes the uterine body loses its pear shape. Its contour no longer diminishes as it approaches the uterine neck. On the contrary, the body swells out over the cervix in all the transverse diameters. These changes constitute Hegar's sign[1]. If the experience of the profession coincides with mine, they will find their ability to detect and more certainly diagnosticate pregnancy in the early months greatly increased by paying close attention to Hegar's sign, which is in brief "The increase in the anterior curvature of the uterus with increased elasticity of the uterine walls," and also to the peculiar softened condition of the external os. If an account of your cases is kept, together with your diagnosis of the same, the number of accurate predictions will, I think, astonish you, and at least prove interesting. Hegar's sign is best detected in the normal ante-verted position of the uterus. Retro-version prior to pregnancy, as mal-positions are usually increased in the first months of pregnancy, presents conditions rendering it more difficult of recognition[2]. I believe it was J. Braxton Hicks, of London, who first noted the rhythmical contractions of the gravid uterus as a most certain sign of pregnancy, especially during the middle and latter months of gestation. "This can be best appreciated by laying the extended palm gently upon the abdomen of the patient, when, if pregnancy exists, there will be perfectly apparent rhythmical contractions and relaxations of the uterus, by which at one time it will be hard as a cricket ball, and at another soft as a cushion.[3]"

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1 Medical Record, February 27, 1886, by Egbert H. Gardiner, M. D., page 510.
2 Early Diagnosis of Pregnancy, Journal A. M. A., November 6, 1886.
3 Journal A. M. A., November 20, 1886, page 579.

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MANAGEMENT OF THE SECUNDINES.

The management of abortions attended with retained secundines has been much and ably discussed of late by many of the most eminent and experienced members of the profession. The preponderance of expression being decidedly in favor of the immediate removal of the uterine contents when the ovum has been expelled, the placenta and membranes remaining behind.

From abortion at the second month to premature labor, we find advocates of the more heroic method of immediate removal agreeing with this method in general, yet there is certainly room for a wise conservatism in this regard. It will probably be admitted by all, that the life of a woman is endangered so long as there is a retained placenta in the uterus or vagina, and that hæmorrhage, pelvic, cellular or peritoneal inflammation or septicæmia may at any time result therefrom. Under these circumstances, leaving out of consideration the danger of septic difficulties likely to arise from a decomposing placental mass, as a means of safety to the patient it is incumbent that as speedily as possible we empty the uterus of its contents and avoid the danger of hæmorrhage. If any instrument is used, beside the finger, for the removal of firmly adherent or morbidly attached placenta, especially about the second month, Dr. Munde's curette is well adapted for that purpose. "Professor Pajot's statistics show that in sixty-eight cases of retained placenta, which were left to nature, sixty resulted fatally, and in one hundred and two similar cases, where the placenta was removed artificially and timely, only four died, though some of them were in extreme exhaustion from hæmorrhage when the operation was done." In the latter months of pregnancy I know of no facts which justify expectation in the management of the third stage of labor, and while it is not usually necessary to supplement or supplant nature in an effort to remove the membranes imme-

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diately after the child is born, the placenta should not be left in the uterus more than half an hour, and immediately removed from the vagina. Unless inertia follows the birth of the child, no effort of extraction should be made until uterine contractions occur, and it is always best to keep the hand over the uterus to prevent relaxation, as well as to hasten expression of its contents. I much prefer gentle traction on the cord as an aid to this expression, rather than the introduction of the hand into the vagina or uterus. The old saying of "unbuttoning the placenta" is a wise one.

ANTI-SEPTICS.

While there are none, I suppose, among the profession who do not believe in, and carry out more or less perfectly, aseptic or anti-septic principles in their obstetric practice, there are many who do not seem to recognize that absolute cleanliness is the great anti-septic precaution. There are also many who by reason of their own experience and the occasional fatal or injurious results seen by themselves or reported by others have caused them to become more conservative in their ideas as to some of the methods used—markedly in case of intra-uterine and vaginal injections after labor, and also in the strength of the solution used, especially of the mercurial salts, which should always be employed with caution, poisoning from a bi-chloride solution as low as 1:1000 has been reported[1]. The value of the bin-iodide of mercury as an anti-septic in obstetric practice is the subject of a valuable and interesting paper by Eugene P. Bernardy.[2] Also a paper on "The Value of the Anti-septic System in Private Obstetric Practice," by Henry D. Fry.[3]

From an instructive paper read before the Obstetrical

1 Journal A. M. A., June 19, 1886, page 680. W. H. Wathen, M. D.
1 Medical Record, September 25, 1886, page 345.
2 Journal A. M. A., April 17, 1886, page 422.
3 American Journal Obstetrics, April, 1886, page 337.

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Section of the American Medical Association at St. Louis, by Gustave Zinke, we have the conservative side of the question as to whether anti-septic injections shall be given after a normal labor. He says: "Anti-sepsis in normal cases of labor need, and ought not to mean anything except, first, ordinary cleanliness throughout and in every respect," and refers to reported cases of death and ill effects following vaginal injections after normal labor. In my own experience I can only say that in nearly two years' hospital experience in Boston and Philadelphia it was always the rule to use vaginal injections in every case of labor, whether normal or abnormal, and that for the first few years of my practice I followed, whenever practicable, this routine practice, but during my last one hundred and fifty cases I have, with only one or two exceptions, dispensed with them, but in every case have used frequent cleansing with hot water, sometimes rendered anti-s ptic, and sometimes not, and during this series of cases have had no cases of high temperature or dangerous symptoms of any kind referable to septicæmic influences. I grant that all this may prove little or nothing. I only state facts.

During the last year not a few protests have been made against the indiscriminate use of intra uterine irrigation, as several fatal terminations have occurred apparently from this cause only.

Dr. French, of Minneapolis, prefers, as many others do when necessity requires, to swab out the cavity of the uterus with an anti-septic solution or mixture.

No less an authority than Dr. Fordyce Barker, at the last meeting of the New York State Medical Society, in discussing a paper—"Is Modern Midwifery Meddlesome?"—remarks that several years ago he recommended the vaginal douche after delivery of the placenta, and that it should be given daily for three or four days, but for over four years he had not used the douche unless there was some special indication therefor.

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FORCEPS.

In regard to the subject of forceps, I shall confine myself to a slight résumé of the opinions of those whose experience is of value concerning the more recent modifications of the axis-traction and other forceps. The two principal modifications of the axis-traction forceps are those of Breus and Felsenreich's modification of Tarnier's. That of Breus is employed on an extensive scale at Vienna in Gustav Braun's obstetric clinic.

Felsenreich's instrument is a modification of Dr. A. Simpson's modification of Tarnier's forceps. Acccording to Dr. Jaggard, the axis-traction forceps of Breus and Felsenreich are superior to the most recent model of Tarnier's or of any other axis-traction forceps that had come under his observation[1]. To anyone especially interested in the subject I refer them to the article of S. Felsenreich, of Vienna, on "Experiences With the Axis-Traction Forceps," published in "The Journal of the American Medical Association," February 6, 1886[2].

Dr. Brooks F. Wells has, during this last year, exhibited before the Obstetric Society of New York a device of his own, by which an ordinary pair of obstetrical forceps can be converted into axis-traction forceps. "This device consisted essentially of a traction rod, at the end of which was a notched hook which fitted into the angle made by the divergence of the blades, and was provided with a transverse handle. From the rod arose a moveable arm with a clamp which grasped firmly the handles of the forceps and held them at any desired distance from the traction rod, thus allowing the line of traction to be adjusted to the varying pelvic curves of different forceps. The instrument was designed to be attached after the forceps were applied and locked.[3]"

See American Journal Obstetrics, March, 1887, page 251.

1 Journal A. M. A., February 20, 1886, page 213.

2 Journal A. M. A., February 6, 1886, page 144.

3 American Journal Obstetrics, May, 1886, pages 487 and 488.

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Dr. Alex. J. Stone, of St. Paul, has designed a very valuable pelvic outlet forceps. The instrument is bent backward on its long axis so that the angle at the junction of the spoons and handles is about 160°. The object of the perineal bend is to maintain flexion of the head during its passage through the vulvar orifice[1].

PUERPERAL ECLAMPSIA.

The pathology of eclampsia is complex in character, involving structures and functions alike complex and important. Of necessity our treatment must be varied. With a few cases prophylaxis and energetic medical treatment alone will suffice; in others, induction of labor must be added. The three most important principles to be carried out in the treatment of puerperal eclampsia are, I believe, sedation, or suspension of the reflex functions of the spinal cord, prompt reduction of arterial pressure and the elimination of effete matter from the system. As regards general depletion, it must be resorted to early to avert impending danger to the cerebral structures, and copiously to actively decrease arterial pressure and tension. For the relief of venous engorgement, œdema of the lungs, effusion in the brain, copious purgation is one of the most effectual remedies in our possession, and no class of patients tolerate it better than these eclamptic females.

In the administration of anæsthetics it is safe to act upon the rule that these agents should not be used for the purpose of maintaining a prolonged state of unconsciousness, but only to control inordinate reflex action, and in this way quiet all convulsive movements. To be able to attain that happy medium in our practice which can relieve disease without inflicting injury is a fortunate attainment. The object of anæsthetics, anodynes, sedatives in puerperal eclampsia is not to depress too much the vital powers of the brain or the medulla so as to endanger the faculty of

1 American Journal Obstetrics, July, 1886, page 741.

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consciousness and function of respiration, but to suspend for a time the reflex functions of the cord, which, for some unexplained reason, are thrown into an inordinate state of erethism in puerperal nephritis.

We know that in puerperal convulsions the functions of elimination are held in check, and under such circumstances morphine may be administered with the view of "holding the patient until the normal eliminating process shall be re-established." It is now almost twenty years since Professor Loomis began the use of morphine sub-cutaneously to control uræmic convulsions, and he reaches the following conclusions: "That morphine can be administered hypodermically to some, if not to all, patients with acute uræmia without endangering life, and that the effect of morphine so administered is, first, to arrest muscular spasms by counteracting the effect of the uræmic poison on the nerve centers; second, to establish diaphoresis; third, to facilitate the action of cathartics and diuretics—especially the diuretic action of digitalis." Dr. Joseph D. Eggleston, of Virginia, writes: "I have used morphine in these cases for sixteen years. Morphia does not increase coma when used during convulsions;" and adds: "Should I have a case of puerperal convulsions, the first thing I would do would be to use a commanding dose of morphia and atropia hypodermatically and give bromide or chloral, and if this did not act promptly I would bleed." As preventive measures he always uses, when there is the slightest œdema of the lower extremities, potassa bi-tartrate, two teaspoonfuls every morning. Smith, of Melbourne Hospital, reports that no case of puerperal convulsions has died in that hospital since the introduction of the morphine treatment[1].

Veratrum viride probably stands foremost as a sedative of great anti-reflex powers, without action either over the

1 See Journal A. M. A., March 12, 1887, page 285.

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powers of consciousness or sensibility. Belladonna combined with morphia acts very favorably in re-establishing reaction of the depressed circulation. There are some cases where prompt and speedy delivery becomes our only resource. The only question then is to decide upon the safest and best method.

Should labor be induced in case of eclampsia during pregnancy, and under what circumstances in case of threatened eclampsia shall premature labor be induced as a prophylactic measure, are questions which have been earnestly discussed this last year by some of our most eminent obstetricians. Dr. T. G. Thomas unhesitatingly and in the strongest manner advises the introduction of premature labor in eclampsia occurring at the sixth, seventh or eighth month of pregnancy. In cases in which the seizure yielded to appropriate remedies, it was wise not immediately to excite the nervous system by the establishment of parturition, but to wait from two to four days until the morbid chain was broken which had registered itself upon the nervous system. If the process of gestation had advanced beyond the seventh month, the chances of life for the child were greatly enhanced.

Under what circumstances in threatened eclampsia should labor be induced? If evidences of puerperal nephritis exist before the end of the seventh month, every effort should be made by baths, milk diet, laxatives, bromides, etc., to tide the case over till that time. If albumen, tube casts and epithelium be plentiful in the urine, the quantity of urine be scant and the patient complain of dimness of vision and gastric disturbances, and these symptoms did not diminish under prophylactic measures already mentioned, we should not hesitate to bring on labor at once. Should the patient have passed safely through other pregnancies, having during them presented symptoms of puerperal nephritis, it would be advisable to wait full term; but "in all cases I should wait it as a soldier waits who lies upon his

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arms watchful and wary, and ready at a moment's notice to meet an issue which threatens night and day[1]."

EXTRA UTERINE PREGNANCY.

As compared with other abnormalities of pregnancy, abdominal gestation is rare, and the certain diagnosis has always been considered difficult. A study of reported cases will show that ovarian cyst, normal pregnancy, pelvic cellulitis, etc., have been diagnosticated as abdominal gestation, and *vice versa*. The reason for this error lies in the fact that correct diagnosis is only possible through differentiation of the uterus from the abdominal gestation sac. It is possible for both intra and extra uterine pregnancy to go on together to term, but there are always absent in abdominal gestation advanced beyond the fourth month, signs which necessarily can only accompany uterine gestation. These signs are uterine souffle and the intermittent rhythmical contractions of the uterus. The first is only of negative value because inconstant. The second seems to be positive, and though formerly but seldom referred to, and its importance not recognized, but during this last year it has been brought into special notice by a paper of great merit by Egbert H. Grandin, M. D., "On Obscure Cases of Abdominal Gestation." This sign of intermittent rhythmical contraction he claims to be always present in uterine pregnancy whether the fœtus be living or dead. In abdominal gestation these contractions must be absent, because the sac, if it contains muscular tissue, does not contain sufficient to stimulate uterine contractions. "It is my belief," he says, "that we possess in intermittent contractions of the gravid uterus a means of diagnosis from abdominal gestation of the highest importance. That if the value of this sign be ever borne in mind, mistake in diagnosis, usually fatal to the life of the child, and not uncommonly to that of the mother, will become as

1 See Journal A. M. A., December 4, 1886, page 641.

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rare in the future as it has been frequent in the past." T. G. Thomas says the keynote to successful treatment in this formidable class of cases, abdominal gestation, is diagnosis, and diagnosis not late, but early, not approximate in character, but to a great degree certain.[1]

Ectopic gestation falls naturally into three groups. First, cases seen in the early months. Here the placental souffle could be heard with the vaginal stethoscope at the sixth week. Second, cases at midterm ; here if rupture occurs, death is almost certain, therefore operation should always be undertaken. Third, cases after the seventh month where the child is living. In these cases cæsarean section is indicated and operation is a duty.[2]

If gestation has advanced over seven months, abdominal section should be performed in the interest of the child; but if the patient is under our notice previous to the seventh month, and there is no reason for considering the life of the child, measures such as galvanism are indicated; and this point should be considered, that if electricity fails, it in no way interferes with the performance of laparotomy at a later period. After the death of the fœtus the rule has usually been to wait till some unfavorable symptoms appeared, when, unless the fœtus was presenting distinctly at some portion of the vagina, laparotomy should be resorted to. This has been considered to be a general rule for guidance in such cases as last mentioned, and is still so considered by many in high authority to-day; but Dr. Lusk draws the following conclusions from his own experience and that of others : "That our past teaching that these tumors should not be removed till septicæmia developed was erroneous." The cases which he had investigated showed that nearly all patients recover after an early operation.[3]

The use of electricity in extra-uterine pregnancy is at last

1. American Journal Obstetrics, March, 1886.
2. Medical Record, September 18, page 331.
3. Journal A. M. A., May 29, 1886., page 614.

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receiving the attention it merits. It was first employed in France, and soon afterward in England, by Dr. Braxton Hicks, who seems to have been the first to have used the current without inserting the electrodes within the sac. In this country electricity was first employed and its value demonstrated by Dr. J. B. Allen, of Philadelphia.

Dr. T. G. Thomas has proposed to make the limit for faradization upon fœtuses four and a half months, but the general impression is that fœticide is much safer immediately and remotely if done in the second and third months, when fœtal ossification is very incomplete. Lawson Tait, in a recent letter, opposes faradization. In this country, in the early months of ectopic gestation, electricity is preferred to the use of the knife. After that period "incision or excision should be attempted either by elytrotomy, laparo-cystotomy or laparo-cystectomy." A case of interstitial pregnancy is reported where electricity was used, and by the contraction thus induced the fœtus was forced into the uterine cavity and three and a half months afterward expelled[1]. Dr. H. A. Kelly reports a case of operation on an extra uterine cyst, laparotomy was performed and perfect recovery resulted[2].

Drs. Parrish and O'Hara also report a laparotomy on the thirty-third day after rupture of the fallopian tube, with recovery of patient[3].

Dr. A. W. Johnston reports a successful primary laparotomy for ruptured tubal pregnancy, and only regrets that he delayed operation, owing to opposition to the operation, as long as he did. Dr. Johnston claims priority for this operation in America[4].

DYSTOCIA AND PREMATURE LABOR.

The past few years have been especially fruitful in meas-

1 American Journal Obstetrics, December, 1886, page 1287.
2 American Journal Obstetrics. August, 1886, page 841.
3 American Journal Obstetrics, October, 1886, page 1081.
4 Medical Record, February 26, 1887.

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ures for preventing and methods for overcoming severe dystocia. Among the causes of dystocia and delayed labor is latero-version. This is especially so at the beginning of labor, as the uterine orifice does not correspond to the middle of the pelvic inlet, consequently the fœtal presenting part does not rest to advantage on this orifice, hence a prolonged labor, especially the first stages. This deviation may be corrected both by the position of the woman and the finger of the obstetrician, by bring forward the cervix and holding it during a pain. In those cases of dystocia where, as found by former pregnancies there has been a disproportionate head or pelvic deformity, the induction of premature labor is meeting with greater and increased favor by our best obstetricians, and I also believe that the proper use of anæsthetics and the forceps in labor have been the means of relieving an immense amount of suffering, and have prevented lacerations and other injuries incident to the parturient process.

CÆSAREAN SECTION.

As an alternative to craniotomy, at least in cases of pelvic deformity where the *conjugate vera* is below two and one-half inches, our chief reliance is to be placed in the Sänger operation as modified by Leopold and Garrigues. During the year ending June, 1886, there were twenty Sänger operations in Europe with a loss of only two women.[1] From an analysis of statistics furnished by Dr. Harris, of Philadelphia, we find that when Cæsarean section had been performed in good season, and when the condition of the uterus was favorable, 75 per cent. of the women and 80 per cent. of the children had been saved. The great mortality in this country is attributed to delay, and attempts to deliver by forceps, version or craniotomy before Cæsarean section was

See article of M. Lazarewitch, in Annales de Gynæcologie; and Journal Obstetrics, April, 1886, page 387.

1 Am. Journal Obstetrics, Oct. 1886, page 1067.

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resorted to. Dr. Joseph Taber Johnson, in an article on [1]"Can the Cæsarean section be safely substituted for craniotomy in the United States at the present time," says if in a given case embryotomy is a less risk to the mother than Cæsarean section, the former should beselected. This is a rule of obstetric ethics which cannot be set aside. Cases differ, people differ, obstructions differ, vital force and the dispositions of patients so differ, that as conservative physicians we should act as the requirements of each case are presented to us. An early diagnosis and the consent. of the patient and her friends to an early Cæsarean section is more than half the battle. The fact that the much more favorable record of Cæsarean section in Europe than in Ameria, where, according to latest statistics, out of 144 operations only 54 mothers, or 37½ per cent. recovered, lies greatly in the fact that nearly all of the operations were done by three or four operators, and those of great experience; and also that American physicians have not paid sufficient attention to pelvimetry and are wanting in the skill that has been acquired in the maternities of the old world, by which they first determine the possibilities of delivery *per vias naturales*, and finding the measure of obstruction resort promptly to the knife without endangering the life of the woman by intermeddling and useless delay. The recent European success of 33 operations and thirty-one children saved, cannot be ascribed solely to the Sänger method, but it demonstrates that the operations have been performed early in labor and that the obstetricians recognized promptly the degree of contraction or character of obstruction, saw the indication and had sufficient confidence in the result to resort at once to Cæsarean section. Dr. Sänger has lately somewhat simplified his operation[2].

Dr. John Bartlett, of Chicago, has proposed a modification of Porro's operation, a full description of which can be found

1 Journal A. M. A., Feb. 12, 1887, pages 169 and 189. Also, Journal A. M. A., March 5 and 19, 1887, pages 270 and 324.

2 Am. Journal Obstetrics, August, 1886, page 883.

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in the *American Journal of Obstetrics*, November, 1886. "The operation proceeds as in Cæsarean section until the child is removed, the actual cautery being used in opening into the wound. Then, instead of dragging the uterus out of the abdomen through the abdominal incision, it is dragged out of that cavity through the vagina. The advantages claimed by removing the uterus through the vagina, instead of through the usual abdominal incision, are: First—that the abdominal cavity is thoroughly closed. The abdominal incision not being embarrassed by the presence of the large pedicle, is as perfectly and as quickly closed as in any other laparotomy. By the process of inversion the pedicle is placed outside of the abdominal cavity, while what may be termed the uterine inlet made into the peritoneal sac is closed by the clamping wire opposing serous surface to serous surface, thus offering the best prospect for speedy and certain agglutination and closure. Second—the relation of the parts in the suggested procedure is much more natural and much less strained than in the status in which Porro's method leaves them. Third—in the event of drainage becoming necessary in the course of treatment, the effecting of an opening for a tube in the plan proposed can be accomplished much more easily and safely than in Porro's plan; and the tube being introduced, its situation and direction would be the best possible for thorough cleansing of the cavity to be washed." There are objections, more or less serious, to this plan of operation. These objections are discussed in the paper referred to, both by the author and many other physicians.

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CONTRIBUTION TO THE REPORT ON OBSTETRICS.

W. H. CONIBEAR, M. D., MORTON.

Mr. President, Ladies and Gentlemen of the Illinois State Medical Society:

Does a retention of the secundines necessitate septic poisoning?

No prudent physician acquainted with the medical literature of the day will practice his art, unmindful of the sources and the danger of septicæmia; yet it is likely to be true that there are extremes of precaution that may produce the evils they seek to avoid.

That our all-wise Creator has made wise provisions for the protection of the puerperal womb I have no doubt.

When we remember that after every parturition there remains in the womb more or less detritus, consisting of bloodclot, small particles of placental tissue, and perhaps membranes, that is ultimately thrown off in a decomposed condition—elimenated as it were by the process of suppuration—it is remarkable how few are the cases of septicæmia after normal labor.

Keeping this in view we can but think that some of the popular teachers of obstetrics at the present time exaggerate the facts when they inculcate the certainty of septicæmia following the prolonged retention of the debris of parturition.

The subjoined cases reported from practice would seem to demonstrate this proposition.

Case 1. Aug. 20, 1882, was called to see Mrs. F., who was suffering from severe flooding.

Found her almost exsanguinated from repeated hæmorrhages that had been recurring every ten days or two weeks since the 14th of February previous.

At that time she supposed she had aborted of a four months fœtus; but as neither she nor the Dr. who was in

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attendance examined to see just what had passed, I was left to figure out as best I could the cause of the trouble. On investigation found and removed the placenta that should have passed six months and six days before. The membranes had all disappeared from its edges. Otherwise it was not much changed by its long retention.

Case 2. Nov. 30, 1882, was called to see Mrs. S., who had been delivered of a healthy child at term, three weeks and four days previous, but was still troubled with after pains and offensive discharge.

On examination I found and removed one-quarter (or perhaps more) of a normal sized placenta, that was apparently lying loose in the uterine cavity and was in an advanced stage of decomposition.

After this the patient made a very good recovery.

Case 3. July 10, 1884, was called to see Mrs. N., whom I found flooding with something presenting at the os, which, on removal, proved to be about one-tenth or perhaps more of a normal sized placenta, that had been retained from the time of her labor nine months and fifteen days previous.

The patient had been in poor health since the time of her confinement, and thought it due to the injury inflicted by the doctor in attendance, as he made such violent traction on the cord that it caused her to faint, this too without giving her a moment's rest after delivery of the child or seconding his effort with compression.

Case 4. Oct. 1, 1884, was called to see Mrs. B——, who gave the following history: Dec. 10, 1883, aborted between the third and fourth month. The fœtus passed, but no secundines. On inquiry by the friends the physician informed them they would pass off in a "liquid form."

After two weeks' suffering, with high fever, distended and painful abdomen, she got some better, and was able to resume her household duties, although she did not regain her former good health; had frequent hæmorrhages and some nervous disturbance.

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On examination, found an ovum (three or four weeks advanced) occupying the os, its membranes entire. As the hæmorrhage did not stop, further investigation found some other body occupying the cavity of the uterus, which, on removal, proved to be the placenta from the abortion that had occurred nine months and twenty-one days previous. It had suffered but little from its long retention, excepting the disappearance of the membranes from its margin and the umbilicus. After its removal the patient made a good recovery.

These four cases, we think, illustrate the fact that the secundines can be retained for a considerable time in some cases without producing that dreaded condition known as septicæmia. The possibility of such long retention of such considerable masses of placental tissue was never demonstrated to your reporter until we were protected from "quacks and quackery" by the creation of a State Board of Health.

These cases (and several others that might be reported) occurred in the practice of a so-called "eclectic licentiate" of that benign body by whose *fiat* he is placed upon the same level, before the people, as the most carefully educated and learned of our profession.

Previous to the creation of our State Board of Health, "when 'quackery' was rampant in the land," people realized the necessity of making a choice of physicians from the results of their practice. But after they were protected by law, and none but the "competent allowed to practice," it is not so necessary for them to look after the qualifications and successes of their physicians, but take them as labeled "qualified to practice."

DISCUSSION.

Dr. C. W. Earle, in opening the discussion, said:

In regard to the early symptom (Hegar's sign) of pregnancy, to which reference was made in Dr. Ingersoll's paper, in all

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probability every practitioner of experience has detected it, and yet no one up to the time Hegar described it, thought it worth while to place it on record, hence it received his name. I am sure that during the first six, seven or eight weeks of pregnancy, we have, long before Hegar's sign was promulgated, noticed a kind of bottle shape to the uterus—an undue bulging just above the neck. Recently it has been claimed by those who are expert in detecting this sign, that it can be detected as early as the sixth week. There is one other sign not mentioned in the paper, which has been recognized undoubtedly by the older practitioners, and that is the discoloration of the vaginal tissues. Authors have dwelt upon it in works on obstetrics, but during the past few months more attention has been given to it as indicative of an early sign of pregnancy.

The question in regard to the removal of pieces of placenta, or other debris, brings to our notice the entire subject of micro-organisms as effecting puerperal diseases.

A small piece of placenta is perfectly inert in the womb if the woman has not been poisoned from without. This is the underlying principle of antiseptics in obstetric practice. If there is any one thing that is thoroughly settled, it is the fact that the great majority of cases of infection come from without. Assuming that there are remnants of the placenta remaining in the uterus, if the finger of the obstetrician or appliances of the nurse do not infect that woman, the foreign mass there is perfectly harmless. This, then, places the greatest responsibility upon us as practitioners to guard against the possibility of infection. You ask any of the operators in Italy, Austria, or Germany, after a woman has gone through an obstetrical operation, "Will that woman recover?" and they will answer, "Yes, she will recover, if I have not infected her." This is the universal answer. The question is, are we, as American practitioners, ready to accept this doctrine? It is a question that we cannot pass by without a very careful consideration.

Dr. O. B. Will:

I would like to enter my emphatic protest against injections,

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whether intra-uterine or vaginal, immediately following normal labor. My habit is to cover the wounds with iodoform, and since I have adopted that measure and the use of the pad I have had no bad results whatever. As regards the retention of the placenta, it recalls to my mind two cases that it may be of interest to relate. A few months ago I saw in consultation a lady who said that after labor something had come away. A midwife had said that the placenta had come away. Examination revealed that something was there. After great difficulty it was detached and found to be a placenta. It had been there eight weeks. Another lady had a placenta retained eleven months. She was said to have carcinoma of the uterus, and advised a sea voyage. From New York she came to Peoria, and in an effort to curette for relief it was ascertained that she had a retained placenta. We found perhaps one-third of the placenta. It was peeled off and the woman rapidly recovered.

Dr. S. H. Stevenson:

It seems to me there will always be two methods of dealing with the secundines in abortions and miscarriages, the conservative and the radical method. In my own practice I have used the conservative method if I have the patient under strict antiseptic conditions. The dangers are very great unless you can prevent sepsis. I think the modern treatment with antiseptics is much better than using violence. The statement that Dr. Earle makes leaves no room for autogenetic poisoning. I think that frequently the patient has within her the germs which at the puerperal period infect her without any communication from nurse or doctor; I believe that Dr. Ingersoll neglected to mention the axis traction forceps of Dr. Bartlett, of Chicago. The forceps of which I speak are a modification, of the Tarnier forceps, are much less cumbersome and are more easily adjusted.

Dr. E. P. Cook:

The diversity of views upon a subject about which there should be very little difference of opinion is, to my mind, astonishing. If there is one subject about which I feel satisfied we should

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take clear and positive views it is this, that after the expulsion of the fœtus the secundines should be removed immediately or as soon as possible without disturbing the parts too much. It is safe and wise and well to remove those deadtissues. At full term the placenta should always be promptly removed. In one case that I remember, where it was not removed, the patient died eleven days after delivery. A quack doctor was called; he had some difficulty in removing the placenta and failed. He convinced the parties that the clots were the placenta, and it was only after competent parties found the placenta that it was removed. Death from septic infection occurred on the eleventh day, then it was acknowledged that it had not been removed at the time of delivery. I would like to ask Dr. Will how he knows that no abrasion exists. I believe this is one of the cases in which cleanliness is next to godliness, and safe, mild antiseptic measures should be employed.

Dr. O. B. Will, in reply to Dr. Cook, said:

I consider the discharges as poisonous in the sense in which we usually understand the word, only because, in some cases, there is a chance for the admission of air, with its contained micro-organisms, to the genital passages. I also examine the parts as carefully as possible, and if I find wounds apply the iodoform and pad of Garrigues. This I think is the most safe and satisfactory method.

Dr. A. Wetmore asked Dr. Earle what becomes of the Austrian, Italian, or German doctor when his case does die, and also what became of many of the patients before antiseptics were discovered.

Dr. C. W. Earle:

In answer to Dr. Wetmore, I would say that 15 per cent. of these died. And now in those same hospitals one-half of one per cent. die. Out of 9,000 cases of labor the deaths are fifty-seven hundredths of one per cent. These figures tell what became of the women.

In regard to vaginal and intra-utrine injections, we should not be guided by a fixed rule—sometimes either may do harm

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—at other times they do great good. It appears to me that after the more severe obstetrical operations, in which it is quite possible that the os uteri or vagina may be injured, although we may not be able to see whether abrasions have taken place or not, that in such cases it is safe to give the patient a vaginal or intra-uterine douche. This is a woman's only safety after a severe obstetrical operation. The weight of authority to-day is that there is no such thing as autogenetic infection; that unless the puerperal poison comes from heterogenetic causes, the woman will not be infected.

Dr. E. Ingals said:

The physician should not forget while in attendance on a woman in labor that parturition is a physiological process to be interfered with only so far as necessity compels; while I say this I do not indorse the oft quoted aphorism, "meddlesome midwifery is mischievous." We should discriminate between cases that nature will easily terminate and those in which the difficulties are great or insuperable. Little should be done for the former, while in the latter the interference should be prompt and decisive. In general there is too much interference, and I sometimes fear that natural labor may become a lost art. The extrusion of the placenta should usually follow the expulsion of the child within a period of not more than ten minutes, and this should be effected by the powers of the uterus rather than by traction on the cord. If the placenta is so adherent that the contractions do not cast it off, the hand should be introduced into the womb to detach it, and we should always be sure that nothing is left behind. After the uterus is empty we should see that it is kept well contracted for at least one hour. If aid is required for this purpose, it is best rendered by external manipulation, and ergot may be administered as an auxiliary, though I have less confidence in its efficacy than is usually expressed. When there is inertia of the womb and a consequent hæmorrhage not easily controlled, the closed hand in the womb should supplement the external manipulations. If the womb is entirely emptied and proper contractions follow, little subsequent danger is to be appre-

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hended in the case. Slight lacerations of the parts implicated in the process of labor are unimportant and seldom require more than such absolute cleanliness as the nurse should secure by aqueous ablutions.

Carbolized douches, with which it is of late so much the fashion to drench parturient women, I suspect to be a new device of her first tempter. A good deal may be learned on this subject by observing the reproductive processes in animals. With these, nature is little aided, or thwarted, and the results are usually happy.

Dr. S. H. Stevenson:

I wish to correct an impression that may have been given concerning autogenetic poisoning. We all know that malaria may be latent in the system. It was brought to the woman originally, no doubt, but may not develop until the puerperal period. So with the germs of puerperal fever. The poison has been conveyed to the woman originally, but it does not develop until the puerperal period. In this sense there can be no doubt that there is such a thing as autogenetic poisoning. In speaking of the treatment of the secundines, I do not leave them at full term. It is in the early cases that I use the conservative method, and then only under strictly aseptic treatment. I think the method of the gentleman from Peoria is only another way of keeping clean. After ten years of obstetric practice I have never lost a case from puerperal fever.

Dr. G. W. Nesbitt:

It does seem that with so large a number of physicians present this discussion ought to be very valuable. I would like to give my treatment for abortion or retained placenta. It seems to me that in cases of this kind there should be some well established rule. I am like Dr. Ingals, I like to have the uterus emptied as soon as possible after a case of that kind. I make an effort and indulge in a good deal of perseverance to get rid of the entire mass of fœtus and placenta, and always feel much better when I have accomplished that than when I go away without its being accomplished. I rather indulge in

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perseverance on the start to accomplish the emptying of the uterus than to wait for any time afterwards.

Dr. J. H. Hollister:

It may be late in the day to indulge in our experiences. I would give a hearty endorsement to the views of Dr. Ingals. I rather incline to the belief that most men as they advance along become conservative with years. I have now for thirty-two years been steadily engaged in the practice of my profession in this city and for seven years previously. I have seen many cases and I have come to rely very largely upon the natural powers to regulate matters in confinement. It has not been my habit to interfere with the hand or with the forceps unless it seemed that the progress of labor had been so arrested as to be serious in its results. I have been more conservative in the use of the forceps than most physicians. In the results with my patients I have been exceedingly well satisfied. I cannot remember during twenty-five years a death from a labor. My course is not one of officious interference, for the saving of my own time. I have been moderately prompt in relieving them of the contents of the uterus immediately after confinement, using not more than a very gentle traction of two or three pounds. But I am very studious to observe an axiom which was emphasized when I was a student, of endeavoring always to maintain the utmost harmony between the uterus and its contents. I have enjoined the utmost cleanliness as regards the vagina, but I have not advised intra-uterine injection, except in special cases. Experience has prompted this general course, and one counts something upon what they observe. I would ask how many have had experience with a perfectly inverted uterus. An interesting case came to my hand a few months ago, and feeling that time was an essential factor I ventured upon this procedure. I argued that if there had been an expulsion of a full-grown fœtus there was room for my hand, and with an indentation of the fundus I followed it up gradually, and with my folded hand carried it through the neck until the uterus was fully restored, and in

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this position I allowed it to contract on my hand. Then I partially withdrew my hand to the neck of the uterus, and having a piece of ice enveloped in a handkerchief I introduced it and held it in position, secured by this envelope, until the uterus was reduced by normal contraction, and the hæmorrhage had entirely ceased. Traction upon the folds of the handkerchief gave me perfect control of the lump of ice, which had been perfectly at my command, and which was then removed.

Dr. Elbert Wing:

It is probable that there is no "best method," for these various methods all have advantages; but there are two principles involved in obstetrics which it seems to me no one can afford to ignore. They are these: 1. The difference between antiseptics and aseptics. That antisepsis means a war against sepsis, and asepsis means a prevention of sepsis through the agencies by which we know they gain entrance to the organism. Asepsis may very often be had without the use of antiseptics. The thing to be secured being asepticism, and that may be secured in various ways. The other point is in regard to autogenetic poisoning. The position taken by Dr. Earle cannot be too strongly insisted upon. The weight of authority to-day is overwhelmingly in favor of the opinion that there can be no such thing, in the sense spoken of by Dr. Stevenson, as autogenetic infection. It is not exaggerating the present position of those in a position to know, to say that what is known concerning bacteria makes it impossible that there can be any such thing, in the sense under discussion, as autogenetic infection, and the obstetrician, as Dr. Earle says, must take the responsibility of seeing that no infection reaches his patient.

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REPORT OF THE COMMITTEE ON GYNECOLOGY

O. B. WILL, M. D., PEORIA, CHAIRMAN.

The progress in gynecology during the past year has been essentially in the line of *reconsideration* and *revision.* Whilst, therefore, no event of very striking importance has occurred, judged from the sum total, as well as the practical character, of its presentations, it has perhaps been as prolific as any preceding. Old theories and methods have been overhauled and submitted to the test of comparative results, and new as well as old hedged about by the keenest enterprise and most searching criticism. The dazzling brilliancy of some former discoveries and practices has, as might have been expected, been dimmed somewhat in the light of further investigation, but the result has been, after all, to only give them a mellow, practical hue. Some recognized leaders in the profession have seemed to experience a radical change of view. Whilst Mr. Lawson Tait, for instance, announces with much self-confidence that he can diagnosticate a case of uterine disorder much better, or at least equally well, by the digital touch alone, or even by simply the history of the case, and that he almost never uses the sound or speculum, Dr. Emmet, not to be outdone, seemingly, goes him one better, to use the vernacular, and declares that for a long time he has not even *owned* a sound. At the last meeting of the American Medical Association a warm discussion was precipitated by the introduction of this subject in the section on gynecology. A number of leading members stoutly condemned the use of the uterine sound under any circumstances, as entirely useless as a diagnostic agent, and actually criminal, in that it did much injury, both mechanically and as a carrier of contagion; and the use of the speculum as well, for purposes of examination.

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Such exhibitions are enough, certainly, to make the ordinary medical man stand aghast, and amidst the bewildering array of gynecological paraphernalia with which, at the instigation of these same leaders, he has surrounded himself, wonder what it all means, and if progress has not at last turned backwards. In the minds of most medical men the question arises, Why this unseemly haste to appear in the front ranks of the retreating column? Is it because these instruments have been all the time useless? or that these men have from practice become so expert as to be able to do without them? If the former, then is it truly distressing, and augurs evil for the future of so-called leadership; for, whilst it is an evidence of scientific candor and zeal to be ready to retreat from a position found to be untenable, or an opinion found to be erroneous, it is not a mark of well-balanced judgment to hastily discard methods which it has required generations to perfect. If the latter, then what can be more reprehensible than for one to try to pull from under the profession, so to speak, the ladder which has served to elevate him to a position of confidence and trust. In the midst of these throes of individual uncertainty, however, the mass of the profession have been going on in the even tenor of their way, realizing their ability and duty, as a whole, to put a check upon the exuberance of their gifted but sometimes erratic *confreres*. They recognize the fact that revision does not mean annihilation, and that everything has a field of usefulness, however limited it may be.

Keeping in mind, then, the guiding stars of reconsideration and revision, it is curious to note the course which thought has principally taken in this branch of medicine and surgery. It is incumbent upon us to follow that course if we would know the points of a practical character developed during that period.

I shall, therefore, endeavor to group under three or four comprehensive headings, somewhat of the principal findings during the past year.

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One of the few subjects which have given rise to much investigation and discussion is that of

PELVIC INFLAMMATIONS.

Generally speaking, by pelvic inflammations is meant pelvic peritonitis and cellulitis. At least that is in accordance with the evidence deduced from the current literature of the subject. The question of the ætiology of this affection, or these affections, is yet *sub judice*. Many hold that inflammation of the pelvic cellular tissue depends primarily almost entirely upon disease of the ovaries or tubes; that, as Dr. Battey says, "a pelvic cellulitis which gives rise to so much trouble is, in a large proportion of cases, secondary and not primary." This would seem to be largely, at least, the case; for aside from the generally recognized influence of pressure and other injuries in childbirth, much evidence has been advanced to prove gonorrhœa a very potent cause. The constantly accumulating evidence of this latter as an active agent in the production of destructive disease of the tubes, as well as the known laws of septic communicability, would seem to favor this presumption. By far the most fruitful primary source of these affections, however, in the estimation of the writer, is the development of bacteria within the vagina, as a result of the introduction in one way or another of pathogenic germs. There is, as has been stated by a recent writer, a great deal of criminal carelessness in infecting patients by dirty finger-nails and instruments. It is indeed surprising to one who has not given the subject special attention, with what ease and readiness a patient may be seriously infected in this way, and especially during or immediately subsequent to operations in the genital tract. Dr. E. W. Cushing, in a recent communication, very truly says on this subject: "The same principle (that of antisepsis) is to be further applied to pelvic inflammations of other than puerperal origin, and reasoning from certain premises, which may be now accepted as axioms, a system of treatment and procedure is in evolution for the avoiding of those so-called accidents, by which, after the slightest gynecological operation, or manipula-

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tion, the patient 'takes cold,' and 'cellulitis' develops. Now, 'catching cold,' with a subsequent inflammation in the pelvis, means septic infection.

"Cellulitis means either a direct infection of the lymphatics, from the surface laid bare by operation, or, far more frequently, an infection of the endometrium, which passes up the tubes and sets up a peritonitis. This is, happily, usually localized, and may not give rise to suppuration; but sometimes, unhappily, the process cannot be controlled, the patient dies, and it begins to be pretty hard to persuade the friends that she 'caught cold' because the nurse left the window open, or lifted the blanket incautiously.

"The immediate cause, or, if one will avoid that word, the constant antecedent and inseperable concomitant of all such inflammations is an infection with living bacteria or germs, which, differing in their nature, and falling on soil more or less favorable, give rise to the greater or less severity of symptoms; from a light shiver, moderate fever, and local hardness, all the way to an explosion of peritonitis or septicæmia with speedy death.

"At present we can do very little to check or control such processes when they have passed into the lymphatics or the fallopian tubes. The graver cases are called septic, the lighter inflammatory; but the nature of the process is the same in any case—a bacterial infection."

We do not always know at first when cellulitis is present, and "in every stage," says Dr. Jackson, "we feel doubt as to whether this disease or some other is present. Sometimes, even when it goes on to its later stages, we have doubt." Emmet, in his paper before the American Gynecological Society, says: "Inflammation of the connective tissue between the rectum and vagina, behind and in front of the uterus, bladder and ureters, is generally accompanied by phlebitis, and is a frequent consequence of the pressure made during childbirth, but it is a matter of common observation that this form of pelvic inflammation tends rapidly to resolution, and the tissues

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soon regain their healthy state if septic poisoning does not take place. With the introduction of septic matter from any source, the lymphatics become inflamed and the peritoneum is rapidly involved." A report from the clinic of Sanger, of Leipsic, by Dr. H. Bigelow, of Boston, says, as to a differential diagnosis, that peritonitis is frequently found unassociated with any inflammation of the connective tissue, but cellulitis generally involves the peritoneum, and that in general those exudates which lie behind the uterus are of the peritoneum, whilst those on the sides, which take origin in the connective tissue of the ligamentum latum, and which may stretch from the fossa iliaca to the kidney, are cellulitic. Dr. James B. Goff, in a paper before the Alumni Association of the Women's Hospital, N. Y., voicing the sentiments of a large number, says that "in the light of the knowledge yielded us in late years, and the findings during laparotomy, he has come to the conclusion that pelvic cellulitis has been dethroned from the prominent position which it has held in uterine pathology, and that in its place must be substituted salpingitis and peri-salpingitis, oöphoritis and peri-oöphoritis, peri-uterine adenitis, peritonitic bands and adhesions. When cellulitis, as such, occurs, it is acute in its nature and harmless in its action, for it leaves no trace behind such as may be detected by the pathologist. The small indurations around the uterus, deemed by Emmet and others to be evidence of cellulitis, have been unquestionably shown to be the result of peritonitis. Large exudations around or to one side of the uterus are due to plastic peritonitis. These exudates may of course either be absorbed or break down into pus, in which latter event we have pelvic abscess."

As to the treatment of these affections during the acute stage, nothing new seems to have been offered; the, to some, doubtful remedial influence of opium, quinine, hot douches and poultices being allowed the field.

The treatment of the results of acute pelvic inflammations has, however, met with the widespread and careful considera-

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tion which it unquestionably deserves, although to the true scientist and conservative practitioner the necessity for it seems a melancholy commentary on the boasted therapeutics of the day. Abscess is one of the most frequent conditions or results calling for interference, and it is at the same time the most urgent. The means of diagnosis and treatment are measurably intertwined. The instrument of the former is oftentimes the agent of the latter. The aspirator is now generally considered a useful aid in diagnosis, as well as curative agent. Says a recent writer: "When a large mass bulges down behind the uterus and cannot be felt in either hypogastrium, we may affirm that it is not an abscess in the cellular tissue. It may be pus within the peritoneum, but usually it is the distended fallopian tubes which are felt. Here aspiration can only harm," and this is considered almost the only exception. "Laparotomy and removal of the tubes are then, of course, requisite." Evacuation of the pus is, of course, the only curative measure in pelvic abscess, the question being only how best to accomplish it in a given case. Dr. W. H. Byford thinks it should be done by laparotomy only when supra pelvic or intra-peritoneal. Dr. Christian Fenger, of Chicago, in a discussion of this subject before the Gynecological Society, referred to the condition when a communication exists between an abscess and the intestinal tract, and remarked that evacuation of the pus into the bowel is sometimes followed by spontaneous recovery; but, as a rule, such condition is extremely dangerous, for the abscess cavity is constantly being infected with septic material from the intestine. He quotes as authorities Péan, Schrœder and Emmet, and concludes that under such circumstances the patient is in great and constant danger of dying, and therefore an operation should be done, if possible, to provide free drainage of the abscess, and that can best be done by laparotomy. In commenting on Dr. Byford's criticism and suggestion that drainage under such circumstances should be secured through dilatation of the rectum, or, rather, *sphincter ani*, Dr. F. said that he had never heard of the

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idea before; but that as such openings were often narrow and tortuous, and the neighboring organs immovable, drainage could not then be satisfactorily effected, and to cut into the fistulous tract in that locality would be dangerous in the extreme.

In a letter to Dr. Jaggard, of Chicago, Dr. Paul Mundé writes of this question: "I do not agree with Prof. Byford's rectal treatment, as a rule, and certainly have not in my quite extensive experience found true laparotomy required to evacuate and drain a pelvic abscess. I mean opening the peritoneal cavity. Neither has my experience been that of Dr. Dudley, who says that the mortality, from abscess opening into the rectum, is great."

Dr. H. T. Byford had, however, effected a cure in that way, and your reporter can add his testimony to its efficiency in at least one case, a few months since, which it is not necessary to report in detail, but which presented an opening about two and a half inches above the anus, and through which a catheter was introduced and drainage effected.

After the dilatation of the sphincter ani no special difficulty was experienced either in finding the opening or introducing the instrument. Tolerably strong injections of carbolic acid solution were used daily, and although some considerable irritation of the rectum was produced by the manipulation, the abscess cavity gradually closed up and the frequent irregular periodic discharge entirely ceased, and I believe the patient to be well.

As one of the best expositions of the operative procedures looked upon with favor at present, and on account of its suc cinctness, I append the following *résumé* and review of a paper by Dr. Imlach (*Pacific Medical and Surgical Journal; Journal of Obstetrics*):

"The writer takes the ground that an abscess in the pelvis, more than one in any other locality of the body, should be opened, emptied and drained, because in the pelvis a collection of pus is not likely to remain localized, but may burrow freely

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burst into the cellular tissue, perforate the peritoneal cavity with fatal result, or empty into the bladder or rectum. These possible results it should be the aim of good surgery to prevent by free incision and drainage. It should always be remembered, however, that to cure a pelvic abscess drainage is not always necessary. Aspiration will frequently suffice. (Two instructive cases are recorded where the abscess was exposed by laparotomy and then aspirated, and cure was immediate and permanent.) When drainage of the abscess is aimed at, the peritoneal cavity ought not to be opened. In suitable cases, Imlach considers it safe to open up the inguinal canal, pass a probe along the swollen round ligament into the abscess, insert a glass or rubber drain-tube, and thus a large cavity may be drained without fear of peritonitis. Where an abscess seems to point in the inguinal region, its tendency is not to burst, but to extend toward the anterior iliac spine. Constant poulticing will frequently not make such an abscess open, but the incision just described will efficiently drain and cure the case. (Cases where this method was resorted to are noted, and in one the result was satisfactory, although unsuccessful aspiration *per vaginam* had been tried.) In case of an abscess occupying a large area of subperitoneal tissue, and reaching to the ribs, an incision above the anterior superior spine will shorten the suppurative process. Such an incision may be extended inwards along Poupart's ligament, or outwards above the iliac crest. By such an incision likewise perityphlitic and psoas abscesses are drained. Through only a small incision a large area may be drained. Reference is then made to aspiration *per vaginam*, as also *per rectum*, an instance of the latter being recorded as ineffectual, and followed by laparotomy and eventual recovery. As for the indications for aspiration, Imlach makes no positive assertion. If the aspiration fails, it is better to make a free opening at once. He has but a limited confidence in the aspirator, but yet thinks that where harm has resulted from its use it is usually because the needle has been introduced into an ovarian or tubal abscess—'a procedure of infinite risk and never ultimately successful.' 'A

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free vaginal incision over the most prominent part of the tumors with (or without) insertion of the finger and breaking up of adhesions has been recommended.' 'I must confess I prefer almost any other method. The tumors which, by their vaginal prominence, without abdominal swelling, suggest this treatment, are either pelvic hæmatoceles or other tubal disease, and to make a free opening into them through the vagina is to court fatal peritonitis.'" The writer (E. H. G.) then adds: "Herein Imlach, we believe, is in error. A pelvic abscess may bulge posteriorly to the uterus and not be felt through the abdomen, and still be safely opened, the cavity curetted, if need be, and the opening enlarged by the finger. See, in this connection, Mundé, on Pelvic Abscess. *American Journal of Obstetrics*, 1886. We further believe that free opening, evacuation and drainage of an hæmatocele *per vaginam* is by no means bound to result in fatal peritonitis. If the blood effusion be encysted, whether it was originally intra or extra-peritoneal, matters little; provided it present distinctly in the vagina, it may safely be opened, cleansed, and, if need be, drained. As for the expectant treatment of pelvic abscess, Imlach does not favor it, for in the face of such treatment the patient's health is apt to become permanently injured.

"The expectant treatment lives not on its own successes, but on the occasional failure of surgery in tuberculous subjects. By early opening of the abscess, caseation of the lumbar lymphatic glands may probably be prevented. When opening is long delayed speedy death is inevitable.

Another comprehensive subject which has kept the profession on the *qui vive* for the twelve months just passed, as well as the preceding, is that of

REMOVAL OF THE UTERINE APPENDAGES.

About this subject, more, perhaps, than any other, there prevails a sentiment of mistrust and apprehension. That the so-called "Tait's operation," or its modifications, has been abused no one will care to dispute, and the tide of criticism has turned strongly in upon it. That the operation has fre-

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quently been done unnecessarily, even by those who can show brilliant records as operators, is held by the mass of thinkers in the profession. The excuse of many others who have essayed the operation can be considered little short of the novelty of the proceeding. There seems to be a sort of weird fascination about it which attracts men beyond the dictates of their better judgment. That there is a field for the operation would seem now to be beyond question, but that it is far more closely limited than the practice would seem to indicate is equally true. Dr. T. A. Emmet, in a recent paper, says: "The average success in abdominal section is not equal to the average danger to life," and concludes as follows: "I believe that the operation is practiced too often, even by those who have the smallest death-rate, and I predict that five years will not pass before it will be necessary to offer an apology when its performance is suggested. The operation doubtless fills an important place in gynecological surgery, but its usefulness must be more closely defined, and its practice greatly restricted, or the good name of the profession will surely suffer in the future." Dr. Joseph Price, of Philadelphia, claims that Mr. Tait does not guess at conditions, and resort to abdominal section for diagnostic purposes as recklessly as is generally supposed, and through which statements a world of mischief has already come. Tait says himself on this subject: "Save when the seat of such organic disease as will explain genuine suffering, the uterine appendages ought not to be removed, and that those who attribute all the pelvic aches and ails of women to the ovaries and tubes, and rush to remove them, are dangerous people."

It is of the utmost importance that all cases which come under our notice should receive a more rigid examination, to the end that diagnostic signs of a more positive character be discovered, and make our interference more a matter of scientific certainty. A correct diagnosis is to-day the prominent factor in solving the problem of abdominal section in any given case.

ow and then, during the discussions of this subject during

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the year, a point or two of diagnostic value has been brought out. In a discussion of this subject before the Obstetrical Society of Philadelphia, the fact was pointed out that a very important symptom in disease of the tubes is frequently a stillicidium of bloody grumous material from the uterus and vagina, which is regarded by the patient as a prolonged menstrual period. This undoubtedly flows from the tube, and is altogether analagous to the free purulent discharge from the tubes of pyo-salpinx, and it might be wise to catheterize the tube and dilate and endeavor to relieve a case of hemato- or pyo-salpinx in this way, if the discharge exists in sufficient quantity to lead to a suspicion of a patulous uterine orifice.

A further aid to diagnosis may be found in the history of the case as to the presence at any time of a gonorrhœa, as it is pretty well established that gonorrhœa is a very frequent source of chronic and destructive disease of the tube and ovary, especially pyo-salpinx.

Dr. Howard Kelly places his reliance regarding diagnosis entirely in a skilled bimanual examination, by which he always accurately maps out all the peculiarities of the case before operation. If there is rigidity and resistance, it is necessary to etherize, but he has yet to see the case, when the presumptive signs were those of tubal and lesser ovarian disease, where the structures could not be picked up between the two hands and outlined. Introducing the finger as high as possible, by forcing the hand well under the pubic arch, and carrying the sensitive pulp up against the post fornix or either lateral fornix, and then playing up and down with the other hand pressing on the abdomen, and creeping a quarter inch at a time without ever fully relaxing, and letting structures in between roll through the two fingers, and in case of an ovary, running round its whole periphery, or of a tube, tracing it up to the cornu uteri and down into the retro-uterine pouch, where it usually terminates, gives often most surprising results, and would doubtless, if universally carried out, change hundreds of diagnoses of leucorrhœa, endometritis, and flexions with adhesions, to the far more serious ones of pyo- or hemato-salpinx."

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Dr. W. G. Wylie, of New York, in a recent report, says on this subject: "Repeated attacks of local peritonitis, or a constant burning pain over the appendage, which is at times rendered rather worse than better by any form of local treatment, is perhaps the most reliable indication that removal is the only way of giving relief."

As regards the *technique* of the operation for removal of the uterine appendages, nothing has been offered that physicians are not familiar with in connection with the general subject of laparotomy, except, perhaps, the use of hot water within the peritoneal cavity to prevent shock. In the report above referred to, Dr. Wylie, in the accuracy of whose observations and judgment the writer has great confidence, gives an account of his use of hot water in this connection, and his experience on another point or two, in the following statements:

First—That hot water cannot only be safely used to wash out the peritoneal cavity, and that it is a simple and efficient hemostatic for oozing from the points too numerous and small to tie; but that in prolonged operations, and immediately after the operation, free irrigation of the peritoneal cavity with water at 105° to 110° is a powerful and efficient agent, it lessening, if not preventing, the effects of shock. Towels wrung out in hot water have been used to protect the intestines when turned out of the cavity; but I do not know that hot water irrigation of the peritoneum for shock has ever before been suggested. The temperature of the hot water must not exceed 110°, or it may cause shock.

Second—That the tympanitis and vomiting, and other symptoms supposed to be due to septic peritonitis after laparotomy, are best overcome by enemas, and, if these fail, by a quick purgative. That in these cases, at least, the bowels should be moved, not kept constipated, as has been generally practiced. That it is probable that in many cases the persistent and exhausting vomiting may be the direct result of intestinal obstruction, the result of bands of adhesions constricting the intestines. For a long time I have seriously doubted the existence of septic peritonitis in some cases where the vomit-

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ing preceded the rise of temperature and other symptoms of sepsis. By experience I found it best to move the bowels whenever indicated by tympanitis or vomiting, even during the first twenty-four hours after the operation—of course, making a distinction between these symptoms and those due to the effects of ether. The vomiting from ether is likely to be preceded by a marked nausea, and is usually violent and gagging in character, while that from obstruction is passive and more like eructation. The quantity vomited is large, and at first brownish colored, and attended with extreme exhaustion and marked tympanitis. Without doubt, the opium treatment taught by Dr. Alonzo Clark has proved to be the best plan for limiting local peritonitis, and when carefully carried out may prevent death in some cases of general peritonitis; but I am certain that it is not best suited for septic peritonitis following laparotomy. I usually give enough opium or morphine to relieve pain and restlessness, and keep the respiration down to 16, or even 12, in some cases. But when tympanitis or eructive vomiting begins, I at once move the bowels by turpentine or oxgall enemas, or by a seidlitz powder or Rochelle salts.

I took the hint from a remark of Mr. Lawson Tait, that a brisk purgative would cure septic peritonitis, but the method of effecting it and the explanation as to preventing intestinal obstruction are my own.

Much interest has been manifested during the past year in the subject of tamponade of the vagina, for the treatment of various diseased conditions of the uterus and adnexa. The "new departure" in this line of Dr. Engleman, of St. Louis, described by Dr. J. H. Etheridge at the last meeting of this society, has been since used with gratifying success by the latter, who has, however, substituted "antiseptic wool" for the cotton used by the former, and finds it to be of much greater utility for every purpose for which the tamponade is practiced. The dry dressings thus applied, your reporter, too, has found to be of great value in the treatment of not only vaginitis of obstinate character, but those distressing cases of vesical irri-

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tation arising therefrom, as well as from depression of the weighty uterus and appendages, and in restoring the pelvic circulation in cases of general engorgement, thereby relieving and promoting the cure of congestive and chronic inflammatory troubles and misplacements. On this subject Dr. Thornton Parker, of Newport, R. I., has the following to say: "For prolapsed and sensitive ovaries, for the treatment of prolapsed uterus, for many forms of misplacement, and in cases of leucorrhœa, marine lint is much preferable to absorbent cotton, and keeps sweeter and cleaner longer than any other appliance. The support it affords and the sense of comfort it induces makes it very acceptable to patients. I apply it always in a ring form, introducing it through the speculum. Where a large pessary is indicated, as in prolapsed uterus, it must be introduced without the speculum. The oakum never irritates, and is always free from the odor following the use of any other pessary or of absorbent cotton. The oakum pessary not only absorbs and disinfects the vaginal secretions, but does not lose its place, and continues to afford support until removed. This is not the case with absorbent cotton, which is very objectionable in most instances. In cases of anteversion or retroversion, as well as in cases of prolapse, the oakum pessary will be found superior to the hard or soft rubber pessary. The oakum is not only an excellent support, but possesses healing properties when applied to the diseased mucous membrane of the vagina. I usually saturate the oakum pessary with *boracine*. This improves the wholesome action of the pessary and permits its being retained for a much longer time.

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CONTRIBUTION TO THE REPORT ON GYNECOLOGY.

By Katharine Miller, M.D., Lincoln.

Posterior Misplacements of the Uterus in Virgins.

Even in this time of gynecological activity, when the general practitioner is prone to accuse the gynecologist of attributing to the uterus and appendages all the ills to which women are heirs, we have been mercifully spared much comment on the ills of these organs in virgins.

Of course, dysmenorrhœa has received attention, but by the majority it seems to be treated, not as a mere symptom, but as an entity. However, as a general practitioner myself, I am bold to defy the scorn of that worthy individual, my fellow practitioner, by calling attention to the not very infrequent misplacements of the uterus as found in unmarried women and young girls.

That these misplacements resemble in most particulars those in parous women would be expected; but that they differ in some important respects, my experience, though limited, has taught me. For this reason the cases have been most particularly interesting to me. Their frequency has surprised me, as in a not very large gynecological practice I have seldom seen a time when I have not had under observation one or more cases, and often several at a time. The obscurity of symptoms in many of these cases has been such that only by a process of exclusion could their true cause be educed. The promptness of improvement in reflex symptoms, even of long standing, on replacement of the dislocated organ has often been surprising.

Of cases I will particularize only three, illustrating the points just mentioned, all of which were under my care dur-

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ing the past winter. In two of these cases the symptoms had been regarded as very obscure, one in particular had "suffered many things of many physicians." The second was treated for many years for dyspepsia, goitre and tonsillitis. The third presented the results of active local treatment by one of our itinerant, so-called doctors, which the Board of Health has not yet excluded from our state.

Case 1. A well-formed girl of 16. For two and a half years she had suffered from "dyspepsia" and spinal pain, with headache, intercostal neuralgia and general weakness, and occasional feverishness for a few days, some improvement at times, only to relapse without apparent cause. There was pain in the back throughout the dorsal region and sometimes in the cervical region also. Appetite variable, general condition fair. No tenderness to pressure or percussion over the spine. Minute examination showed no organic disorder of any organ above the pelvis. There was tenderness over both ovaries, especially the left. Vaginal examination showed the uterus retroverted and somewhat prolapsed. Her most marked dyspeptic symptom was an obstinate vomiting of unchanged food at menstrual periods, though this also occurred in lesser degree at other times. Menstruation was not very painful, and normal in time and quantity. As she lived at some distance, I advised as to treatment at home, but after several weeks of faithful use of measures, both local and general, with only moderate improvement, she came to me once more. I applied iodine over the painful ovaries, ordered hot vaginal douches daily, and every second or third day made application with tampon in the vagina, raising the uterus to the proper level. As the urine was highly colored I prescribed potassa nitrate in small doses for a few days. After ten days menses appeared with only a slight lassitude. Appetite continued good, and the girl was able to "visit and have a good time." In twenty days, in spite of a "severe bilious attack," she gained eight

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pounds. The next menstrual period passed without any difficulty, although she was suffering from a cold at the time. The ovarian tenderness rapidly diminished, and in less than two months after instituting direct treatment, had entirely disappeared, and the young lady returned home weighing eleven pounds more than when she came to see me, and looking and feeling in perfect health.

Case 2. A woman twenty-eight or thirty years old, short stature, rather fleshy, very active and quick of movement, and very closely built; had been studying hard in the Chautauqua College for four years, and at Commencement time last year was attacked with paroxysmal headache, vertical and occipital, with nearly constant creeping sensation in the top of the head. She was easily excited and breathless in exertion, easily nauseated and often vomited food, while a peculiar feeling of faintness occurred without obvious cause. The anterior surface of the right thigh was affected by burning and a numb sensation, purely subjective. The digestive functions were normal except as mentioned, though a slight tendency to constipation existed, always relieved by eating a few pecans at meal time. Sleep often disturbed. Had for years taken medicine for headache, sore throat, dyspepsia, *ad nauseam;* but it had never been suggested that pelvic trouble was the cause of the symptoms. The menses were regular with intermittent flow and accompanied with pain, either headache or hypogastric misery, but never both at once. Stomach always more troublesome during menses, a condition existing since the first menstruation at about fourteen years. Examination, rendered difficult by the exquisite tenderness of a very firm, close hymen, showed that the cervix was pressed forcibly against the perineum, and lying parallel to the vaginal outlet, only retained in the pelvis apparently by the narrowness of the vulvar orifice, which prevented its escape. The uterus was enlarged (three inches in depth) and firm, and motion thereof restricted

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apparently by adhesions at the upper part of the fundus, though possibly only by the long adaptation of the surrounding organs to its mal-position, while the vagina was infantile in dimensions. With a view to lessening the vulvar tenderness and dilating the vaginal orifice and canal, I ordered warm vaginal douches, and made soothing applications to the cervix. After these were efficiently used, improvement was steady.

Within a few weeks it became possible to introduce a tampon of sufficient size to retain the uterus at least somewhat above its old position. The organ decreased in size, and all the intra-pelvic tenderness disappearing, I was able during the past month to replace the womb in very nearly its normal position and to introduce a small closed Hodge pessary, which was worn with comfort. The use of warm, copious vaginal douches, with occasional hip baths, was continued, and at the present time the young lady is nearly free from the old dyspeptic and nervous symptoms and says she "feels light" as never in her recollection before. Whether all the old symptoms will disappear, of course remains to be seen, but their present amelioration at least offers encouragement to hope for this.

Case 3. Miss H., aged about twenty-one, was seen in 1883 suffering with a nervous prostration and fever, due to exhaustion from attending a sick relative, and also having symptoms referable to the pelvis, which proved to be due to prolapsus with enlargement of the uterus. Treatment was advised but not carried out. She again came under my care in October, 1886. I learned that since I had seen her she had suffered with the old pelvic trouble, dysmenorrhœa, etc. At one time, not at the menstrual periods, there had been a sudden gush of blood from the vulva, without pain, amounting to a half pint or more, causing faintness and followed by a slight bloody discharge for two or three days. She had then applied to Mrs. Keck, who was then visiting

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our town periodically. She had examined her, made some application causing great pain, advised injections and applications with a cotton tampon, and told the girl that she had a uterine tumor, cautioning her particularly against a pessary of any kind. The old symptoms continuing, however, she came to me again, when I found the uterus somewhat enlarged and lying very low in the pelvis, the fundus resting on the rectum, the entire cervix for nearly an inch in radius about the os of a bright scarlet hue, with exuberant granulations, a profuse muco-purulent discharge, and the vagina not inflamed but distended by the long-continued use of the tampon (which she had been ordered to carry to the full capacity of the passage) till it resembled that of a recently delivered woman, the walls being completely distended. Her sufferings in the way of treatment to produce this condition may be imagined. I applied an astringent on small tampons to the vagina, ordered frequent rest in the knee-chest position, with hot injections and soothing applications to the cervix. After two such applications there was marked reduction in the size of the vagina, and the tampons, even when small, caused distress. I then introduced a properly fitting Hodge pessary, having placed the uterus in proper position. This held the organ easily in place, and in one week's time, without further treatment except hot water injections, the leucorrhœa ceased, and on examination the cervix was found reduced in size and completely healed. Since then dysmenorrhœa is much less, unless after exposure or special over-exertion, and the lady is able to earn her living by sewing, whereas before she could scarcely use the sewing machine at all. She still wears the Hodge pessary, removing it monthly to cleanse it and usually replacing it herself.

As to the cause of such misplacements, the fact that in many cases, as in those just noticed, the symptoms have existed since puberty, points to some cause operative before that

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time. How many such cases may be congenital is an unsettled question in my mind. That some are so is probable; that most of them are caused by accidents in childhood, producing but little discomfort till the development of the uterus at puberty, is, I think, unquestionable. One thing I have noticed among a considerable number who have been never overtaxed by lifting, care of younger children, etc., to which such an accident might be attributed. Almost without exception they have been much given to jumping rope when little children. I find, too, that some mothers notice a relation between rope jumping and a tendency to enuresis or complaints of pelvic pain in their little girls, and so strongly has this relation between this exercise and uterine disorders impressed itself upon my mind that it is my custom to request mothers to totally forbid their little daughters to jump rope, unless it be to run with the rope, swinging it themselves as they run. So used, I believe the skipping rope to be an admirable means of exercise, bringing into use almost every muscle of the body in a healthful manner, while hopping up and down without any forward movement represents a mode of exercise as unphysiological as possible.

In older girls many of the diseases of their sex are produced by stair climbing in the prosecution of their school work. Unfortunately three-story school buildings are common in our towns, and girls of fourteen or sixteen are generally found attending rooms on the third floor. The outer steps of such buildings are nearly as long as a flight of stairs, and with the two longer flights indoors compel every pupil to go up and down the equivalent of twelve flights of stairs every day. These must be gone over, too, in line, slowly, utterly preventing any elasticity of motion. Nineteen out of twenty girls (and boys also) will walk up with hand on rail, head bent, body bent forward at the hips, and with a heavy, inelastic tread.

The position is that which throws the weight of the

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bowels into the pelvis instead of against the pubic arch, while the abdominal muscles actively assist their precipitation in this direction. In going down, the same slow pace admits of only a small amount of elasticity, and with every step a jar is given to the whole body, a jar so slight as to be unnoticed, but when repeated from two to three hundred times a day, five days in the week, for forty weeks in the year, it becomes of no small moment to the health of our young girls. So great are the evils of this one matter that I am persuded that no school building should be more than one story high, if it is possible to avoid it, and that under no circumstances should more than two stories be allowed.

Further comment on these cases seems scarcely needful, yet in this connection I wish to emphasize two thoughts.

First, in cases of obscure disease in young women and girls *where no organic disease of other organs is discernable*, do not allow them to suffer under purely symptomic treatment longer than is necessary to give it a fair trial, before insisting upon examintion of the pelvic organs. And second, let me enter my protest against the possible abuse of this means of diagnosis. Such an examination should never be undertaken in a young girl or woman until a most thorough investigation of other causes of symptoms has been made, even where such symptoms as dysmenorrhœa point directly to pelvic trouble, for we must not forget that this may be due to a general impoverishment of the system, or to habitual constipation, or to improper dress and exercise. Emphatically, without positive need let no young woman be subjected to the exposure and mortification of a vaginal examination; but where that is needful, let her not suffer years of ill health for the lack of careful, judicious local treatment.

DISCUSSION.

Dr. G. W. Jones:

I merely wish to make a few remarks on this report.

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The question was raised by Dr. Will in regard to the danger of pelvic abscesses opening into the rectum. I would simply record the fact of three such cases in my own practice that were all entirely successful and the recovery complete. I would like, also, to emphasize that to which the doctor has called your attention in the use of the dry wool tampon or the cotton tampon. I have found the dry wool tampon one of the most useful and efficient of measures in the support of the pelvic organs in a large number of cases, particularly in those of relaxation of the soft parts. I have used the aseptic wool tampon now for about one year, and I wonder how we did without it before. The next best material for the same purpose is the finely carded cotton, obtainable at any first-class dry-goods store, and thoroughly permeated with dry boracic acid. Absorbent cotton is the poorest of all things for this general purpose.

In regard to retroversion in virgins, my own experience and observation are, that there are large numbers of women born with retroversion of the uterus, and that it never gives them any annoyance or trouble, providing no complication arises. I know of one family, mother and five daughters, all of them in that condition, and in other respects in excellent health. In each case the fact that a retroversion had existed from childhood was very positive. In the examination of virgins, a very satisfactory one can be made by careful manipulations through the rectum, in eight cases out of ten. The point made by the doctor in cases of that kind is always in order, *i. e.*, that no virgin should ever be required to submit to an examination of the sexual organs before its absolute necessity is determined by positive symptoms *and* failure of previous management to relieve the same.

Dr. L. G. Thompson:

I have been interested in the last two papers, especially the second. My experience relating to the subject of the first paper has been limited, and I am inclined to think that

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country physicians do not frequently meet with cellulitis and pelvic abscess. But displacements and chronic inflammation are more common. I wish in my remarks to emphasize the thought concerning this liability among virgins, and the importance of early attention and treatment. Many physicians think virgins rarely suffer from these derangements. But my observation has led me to believe that they are quite common, especially prolapsus uteri. Retroversion in case of virgins I have rarely met. While I would not counsel haste in resorting to physical exploration, or to the use of the speculum, yet I think it should be borne in mind that this class of persons is not exempt from these troubles, and that many of the nervous phenomena we meet, and which often mislead and confuse us, have their origin from troubles within the pelvic cavity. And when the fact is considered that long-continued displacement tends to destroy the normal functions of the uterus and render the life of the person miserable, how important that means be promptly employed for relief; for if the submucus tissues become involved in the disease we will have to contend with a form of trouble which in some cases cannot be removed. In regard to the use of unabsorbent cotton, I would say that when it is removed in twenty-four hours after application it answers the purpose of a tampon as well as other substances that I have tried. If I desired a more continued support I would choose something different—perhaps antiseptic wool. I have been accustomed, in those cases requiring long-continued support to the uterus, to use some form of hard rubber pessary. Some physicians object to this instrument. But my experience teaches that when properly fitted and carefully supervised, it will produce good results.

Dr. J. G. Kiernan:

In regard to the question brought out by Dr. Miller as to the influence of local conditions producing constitutional effects, and also as to the habits of stair-climbing and rope-

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jumping, it seems to me the doctor omitted one ætiological factor. Many of these conditions predispose the girl to uterine displacements. But the girl who springs from a defective family is more likely to have uterine displacements. There is considerable reaction against the excessive use of local vaginal applications in the treatment of conditions like dysmenorrhœa, which result in a great many cases from constitutional disorders. Dr. T. A. Emmet has pointed out that a great deal of unnecessary local treatment has been done while the conditions were due to constitutional disturbances, since dysmenorrhæa is a neurotic disorder. That this is true, there can be no reasonable doubt. In the insane hospitals will be found many patients with pelvic disorder, and in many of these cases the pelvic disorder is the result of constitutional disorder. The treatment of the constitutional condition relieves the pelvic disorder. That the pelvic organs have been much over-treated must be evident to any one. I remember seeing a case in which an hysterico-epilepsy, hysterical paralysis and loss of memory were all referred to an undeveloped uterus. The miracle in the case was this: A sponge tent was introduced and the symptoms ceased as if by magic.

Dr. J. S. Whitmire:

That a young girl can have congenital retroversion of the uterus *is* something new to me. It is true that nature produces some wonderful freaks, and we know not what she may bring forth under circumstances and conditions over which neither the mother nor child have any control; but that certain kinds of exercise in which young misses sometimes indulge do produce displacements of the uterus there can be no question. It seems to me that the profession generally are prone to attribute all the ills to which the female sex is liable to some uterine derangement. Now, I have seen not only retroversions of the uterus, but at least three cases, within the last twenty years, of dilatation of the

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heart, from over-exertion. Only last Sunday a young German miss, ten years old, dropped dead near my place while jumping the rope, she having made one hundred and fifteen jumps without stopping. The case, upon post-mortem examination, proved to be what may be called cardiac apoplexy, or embolism of the right side of the heart. There was, also, congestion of the lungs, or asphyxia, from holding the breath so long a time while engaged in this violent exercise. We know the abdominal muscles, during this particular exercise, are held firmly in contraction, and this condition, with the continued jar of the up-and-down movement, has a strong tendency in itself to displace the uterus, particularly in young girls just arriving at the age of puberty. That there are too many sins against health attributed to uterine troubles, I have no doubt. In an experience of over forty-two years in the profession I have become more and more convinced of that fact, and the older I become the more distinctly I am able to see and comprehend the very few uterine displacements that give us trouble. Many of these troubles are due to the criminal negligence of midwives with women who are bearing children, and many of these uterine disorders are attributable to the want of proper knowledge of the midwife, nurse and mother. Then, again, there are some cases for which neither the physician nor the midwife is responsible; these are the cases where the mother herself insists on being put to bed on feathers after parturition. The heat from the bed, under such circumstances, has a tendency to continue the parts in a state of relaxation, and therefore they do not, nor cannot, resume their normal tonicity and former condition. And then, again, some ladies wish to be considered smart after child-bearing, and, hence, rise from their beds in three or four days after confinement and commence doing their work; but this is an ambition that is not at all to be encouraged in lying-in women, on account of the dangers that it may entail.

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Dr. D. T. Nelson:

I wish to say just a word about those cases born with retroverted uteri. I fully believe in hereditary effects in producing malformation and deformities. In these cases of apparently inherited retroverted uteri, while it is possible—I would not deny such a possible freak of nature—yet I believe if the history were investigated there would be found something in the early life rather than before birth, that there was something in the dress of these patients, both mother and child, rather than anything before birth tending to the retroversion. In other words, we as physicians should look after the dress of our girls before and at puberty, as well as to the possible hereditary influences. If there shall be room for the waist to expand I have no doubt it will. If there is a tight band around the waist that waist will not become normal in size. A word as to the influence of the nervous system on these conditions. There can be no doubt that doctor Kiernan is right. The general condition is important for us to consider, and it is well for us to have the aid of the neurologist; and I will go further, and say that every insane asylum should have on its staff a first class gynecologist, and in every woman's hospital there should be at hand a physician well versed in nervous diseases and in insanity. Not only will the tight band around the waist compress the abdominal viscera and assist in producing displacement, but the height of the heels is important as well. All of these things should be watched by the physician not giving his attention to one thing alone, and this I believe to be the gist of the report, and I am very glad to commend it.

Dr. O. B. Will:

I wish to call attention to the remarks of doctor Thompson. He said that general practitioners had little to do with the subject of the report. It seems to me that the general practitioner has *very much* to do with the subject. It is this class of cases that originate with the general practitioner.

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Most of the cases of disease of the tubes and ovaries originate in the hands of the general practitioner.

Dr. Katherine Miller:

I can heartily agree with most of the things that have been said; I am satisfied that the wearing of tight clothing a chief element in producing displacements. I have not seen any positive evidence of congenital retroversion, yet I have seen several cases in which I could not trace any other cause and in which my opinion was that it was congenital. As to the examination of the uterus by the rectum instead of the vagina, it is my usual method to so examine, but a continuous support cannot be so applied, and in such cases I have to use the vagina. As regards the unabsorbent cotton, until recently I have used the absorbent, but now I use the unabsorbent cotton and prefer it in every way. I have found that by filling it with boracic acid it can be retained for four or five days without difficulty.

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REPORT OF THE COMMITTEE ON DRUGS AND MEDICINES.

JOHN G. TAPPER, M.D., ELGIN, CHAIRMAN.

The question to-day forcibly thrusting itself before the medical profession is that of its exact relation to the drug trade. This is especially true of the country and minor cities throughout the state. It is evident to every careful observer that the apparent cordiality existing between the two is quite superficial and strained; that the undercurrent which has silently flowed on for years has done its work slowly, but has at length so both deepened and widened its channel that the position in many localities has become alarming. The medical fraternity has too clearly seen that while their own ranks are being constantly augmented by the infusion of new blood from our various medical colleges, there has been a steady and progressive encroachment upon our rights by those who should be our heartiest supporters. So bold has this intrusion grown that many fearlessly cry that no physician ought to be permitted to compound medicines without first passing the pharmacy board. In their shortsighted zeal they purpose the enactment of a specific law for its fulfillment. In this paper we shall not discuss the wisdom of such a course, but will briefly point out the causes which have brought about this disturbance. Is it fairly presumable that so large a percentage of physicians are deserting our ranks and becoming pharmacists that druggists are becoming alarmed? Is it the terrible annual loss of life, as sacrificed by doctors acting in the capacity of dispensers? We feel warranted in saying both of these questions may be fairly answered in the negative. The skeleton in the closet is a fear that the move-

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ment appears to be on foot among many of our reputable physicians of compounding their own medicines, and dispensing them directly to patients. There can be no reasonable doubt but more and more physicians are introducing this practice yearly. Physicians dealing out their own remedies means diminishing revenue to the retail druggist. But why this change of front between the two professions? Is there any just cause for apprehension? Are physicians warranted in adding to their already hard walk in life? Step into Dave King's drug store and tell me what you find. Here is a sample of what I found staring at me in the show window, on the show case, and, in fact, in every convenient nook and corner: "King's Comp. Cough Syrup, King's Blood Purifier, King's Iron Cordial, King's Dyspepsia Renovator, King's Liver and Kidney Remedy, King's Liver Pills, King's Liniment." This is no imaginary picture, but one with which you are all familiar. How did this pharmacist obtain a knowledge of these remedies? How did he procure these prescriptions? Was this information acquired at the college from which he graduated? I will tell how this one did, and perhaps the same rule will apply to the majority who resort to this shameful practice. Every prescription filled at this store is carefully copied into a book, and these prescriptions are carefully compared. If one is re-filled a number of times, a note is made of this fact. The patient is questioned as to its operation and its purpose, and only too soon it is palmed off on the public as a proprietary medicine. I call to mind an instance where I had prescribed for a case of acute gastritis. Calling a few weeks afterward at the store the patient had obtained his medicine from, I found the clerk busy making medicine, as it seemed to me, at wholesale. I glanced at the prescription from which he was working. Imagine my surprise at seeing the identical one which had left my office a short time before. The clerk laughingly told me they were push-

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ing their new dyspepsia cure, and already had sold fifty-eight bottles. There lay printed directions, and a full list of all the diseases which it would cure. This, too, in face of the fact that they were not to re-fill prescriptions. Did this prescription become his property, or was he simply a custodian for his own safety? Certainly it was never written for the druggist's use. In so far as he was concerned it was stolen property. This spirit of enroachment has been encouraged and fostered by many large pharmaceutical houses, who make a specialty of elixirs, syrups, menthol pencils and pills. On many of these you find a classified list of diseases for which the compound is recommended, with a table of doses. Where do you draw the line between this class and those of patent medicines? Many bear the trade-mark as plainly as do proprietary medicines. They assume the air of gentility and respectability by being prescribed by physicians. Druggists are not slow to perceive the advantage thus bestowed, and can truthfully tell patients that this medicine is prescribed by doctor so-and-so. A hundred doses for one dollar is a great attraction to the invalid. In this day of active competition it may be true that the survival of the fittest is the rule, yet it must be at the expense of many who had a further claim on life. This mad strife has made it possible for the unprincipled druggist to obtain his manufactured goods at any price. It requires more than average honesty for one to pay a dollar and forty cents for a reliable fluid extract, when one that purports to be the same can be purchased at twenty-five per cent. less. Every one of you gentlemen have passed through the sad failure with preparations of cascara sagrada, digitalis, belladonna, and yet more recently with the newly discovered alkaloid cocaine. I dare say nearly every such failure can be traced to the impurity of the drug employed. These are a few of the many evils justly complained of by the medical profession, and for which they seek relief. The feeling is growing stronger every

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year that before druggists proceed further in their efforts to curtail the scope of the practitioner, they should expunge from fellowship these men who are the real cause of all this discontent. There can be no reasonable doubt that if physicians were guaranteed perfect fairness and honesty in dispensing of prescriptions, and these after ward kept inviolate —were they content with the accruing profits of legitimate pharmacy, there would be few physicians who would not yield up the mortar and pestle to those who are their rightful guardians. The doctor who would keep abreast of progressive medicine has neither the time nor inclination to study the compounding of medicines, yet he should at all times be fully prepared to defeat the selfishplans of those who should assist him. It is right—his duty—to defend and protect the interests of those who place themselves in his hands. For every failure the medical attendant is held accountable, and when the pharmacist rightly interprets and appreciates this fact, all differences will disappear. Each profession has rights which should be respected, and unless this is speedily observed, the break will become irreparable.

As other members of the committee will consider new remedies introduced to the notice of our profession since our last meeting, I will only lightly touch upon a few points.

The subject of anti-thermic medication has received considerable attention. One remedy has pressed itself forward for medical favor. I refer to antipyrin. Many failures are reported, yet they are in many cases chargeable to its misapplication, and not to the drug itself. Its scope of usefulness is becoming more clearly defined. This may be beautifully illustrated in hospital practice. Take three fever patients, each having a temperature of 40 C. Were we guided only by the pyrexia, any of our antithermics might be given, yet the aspect is changed if we seek for the cause. The one may be suffering from an intermittent, the other from rheumatism, while the last may be suf-

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fering from the hectic fever of phthisis. Were you to exhibit antipyrine in the first, where quinine is and perhaps will always be the remedy, or to the second, where the salicylates perform their work so well, you would meet with a signal failure in each case. Put it to the test in your case of phthisis pulmonalis, and you will be convinced of its power as a febrifuge. When called for the first time to prescribe for a case of amygdalitis exhibit your antipyrin. It will rarely fail you, if given at the onset. In severe cases of pleuritis or pueumonia, where you have obtained only doubtful results from aconite; where large doses of quinine have only added discomfort to your patient, resort to antipyrin. Investigate *its* action alone from the time you are called. Filehne's method of giving 75 grs. in three doses has at present few advocates. The sweating it produces exhausts the patient. By employing the method as given by Huchard we give 8 grs. every day or every other day. The fever of tuberculosis is thus mitigated, life is made more comfortable, and many times prolonged. Darenburg employs still a third plan in the administration of this drug. He gives it during the apyretic period, not to subdue the fever, but to prevent its recurrence. He gives it in doses of 15 grs. The average dose to be given is about 8 grs., yet this may be safely increased to even 30, if the contingency arises for the exhibition of such large doses. Eight grains given in capsule or solution, and repeated within one or two hours, if needed, will rarely disappoint you.

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CONTRIBUTION TO THE REPORT ON DRUGS AND MEDICINES.

MARIE J. MERGLER, M.D., CHICAGO.

The Progress of Therapeutics in Gynecology.

In preparing my part of the "report on drugs and medicines" I have confined myself to a review of the progress made in the therapeutics of gynecology.

COCAINE.

Not three years have elapsed since Dr. Karl Koller, of Vienna, demonstrated the use of cocaine as a local anæsthetic.

The discovery of an agent so potent that a few drops of a four per cent. solution could produce local anæsthesia sufficiently deep that minor operations could be performed without the slightest perception of pain; an anæsthetic which was supposed perfectly safe in cases of cardiac disease and degenerated kidney; one, the use of which was not followed by nausea and vomiting,—such a discovery was necessarily hailed by the profession as one of the greatest advances in surgery.

The first experiments with this "ideal anæsthetic" were so satisfactory, its range of application so wide, that in the short time since its first introduction it has been used, and occasionally abused, in every department of medicine.

Fränkel was the first who called attention to the use of cocaine in gynecology.

In the *Centralblatt für Gynækologie*, No. 49, 1884, he reports its action as diminishing reflex irritability, and its satisfactory use as an anæsthetic in minor gynecological operation, such as cauterization, removal of urethral caruncle, etc.

Subsequently the four per cent. solution was used for re-

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lieving vesical tenesmus, pruritis and vaginismus; later, solutions of greater strength were tried for larger operations.

The preparation most frequently used for local anæsthesia is an aqueous solution of the muriate of cocaine.

A simple watery solution is not stable on account of the growth of microscopic plants, which, in time, not only render the solution useless by destroying the alkaloid, but also prove an irritant to the animal tissues.

To prevent this growth, various substances have been added to the aqueous solution,—carbolic acid, boracic acid, salicylic acid.

Pilcher recommends salicylic acid as most satisfactory; he advises equal parts of a saturated solution of salicylic acid and water, making the proportion of salicylic acid to water 1:600.

In Prof. v. Dittel's clinic in Vienna corrosive sublimate 1:5000 is added. *Wiener Med. Wochenschr.*, No. 4, 1887.

To facilitate the preparation of an absolutely fresh solution the salt may be carried in capsules containing a definite dose, which may be dissolved in distilled water when required.

Dosage.—Koller's experiments were at first made with a two per cent. solution; it has been used since when applied to the surface in various strengths—four per cent., five per cent., ten per cent., and even twenty per cent. solutions.

E. A. Fisher, *N. W. Lancet*, No. 24, 1885, reports a case of trachelorrhaphy in which four per cent. solution was used.

Schraum. *Centralbl. f. Gyn.*, 1885, No. 15, reports a case of anterior and posterior colporrhapy, in which anæsthesia was produced by pencilling the mucous membrane with a twenty per cent. solution. The operation lasted two hours and fifteen minutes, and the anæsthesia was perfect. A similar case is reported by him with the same satisfactory result, although the time required was not given. In both cases the wound healed by first intention, and temperature was normal.

Method of using—The watery solution may be brushed

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on the mucous membrane; it may be dropped upon the surface by means of a pipette, or injected hypodermically.

Where the object is to render *integument* insensible to pain, Wölffler advises great care in order that the injection may be made *immediately* beneath the skin, and to render the puncture as little painful as possible the needle should be inserted through healthy integument.

Wölffler and v. Dittel further emphasize the necessity of thorough disinfection of the parts as well as of the syringe used. Where this precaution is taken the formation of inflammation or abscess has not been observed to follow the use of the hypodermic needle.

The hypodermic method is used in larger operations where a more lasting effect is desirable. Where applied to the surface it is much more readily absorbed if the parts are previously well dried with absorbent cotton.

Its property of producing local anæmia makes it doubly useful in minor gynecological operations usually attended with considerable hæmorrhage, such as trachelorrhaphy and colporrhaphy. It manifests its contractile action on the smaller blood vessels very soon after the bleeding surface is swabbed with a pledget of cotton saturated with the solution.

The anæsthesia is produced in from four to six minutes after application—the hæmostatic action manifests itself more readily.

I have used the ten per cent. solution applied with a pledget of absorbent cotton both to the mucous membrane and the denuded surface in two cases—once for removal of a small cyst of the vagina, and one case of trachelorrhaphy for bilateral laceration.

For each case one drachm of the ten per cent. solution was used; no unpleasant effect was noted, temperature normal in both cases, but in the case of trachelorrhaphy the patient was not perfectly insensible to pain.

The literature of the past year gives a number of cases where toxic effects were noted. The attention of the profes-

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sion is called to the need of more careful attention to dosage —J. B. Mattison, *Chicago Medical Journal and Examiner*, April, 1887, and the desirability of reporting cases unfavorable as well as favorable cases—*Wiener Med. Woch.*, No. 4, 1887.

HYDRASTIS CANADENSIS.

In Fellner's experiments upon lower animals, *Virch. Arch.*, 1885, he comes to the conclusion that hydrastis is :

(1.) A cardiac poison producing alterations in blood pressure.

(2.) That in the lower animals it produces uterine contractions.

In his article, *Win. Med. Woch.*, No. 31, 1886, he says : "Hydrastis acts like ergot upon the vasomotor centers, upon the central cardiac ganglia, and upon the muscles of the uterus."

In practice he would prefer ergot in the treatment of menorrhagia and metrorrhagia where immediate relief is necessary; in cases where he wishes to prevent the occurrence of severe periodical hæmorrhages he would give hydrastis as a prophylactic. He advises its administration for some days previous to the expected period. He further notes that hydrastis is better borne by the stomach and that the contractions produced are unattended by pains.

In practice it has been given to increase labor pains.

Prof. Schatz has also investigated the action of this drug, but his observations differ somewhat from those of Fellner. Both agree that it (1) lessens pelvic congestion.

(2.) That it does not tend to disturb digestion.

(3.) That its action is rather more continued and not attended by pain; but Schatz claims that in the human subject it does not produce uterine contraction.

Schatz recommends it (1) to arrest uterine hæmorrhage due to myomata, which cannot be expelled.

(2.) In hæmorrhage due to a relaxed condition of the uterus.

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(3.) In general pelvic hyperæmia, where ergot would be contra-indicated on account of its not producing a sufficiently strong or sufficiently lasting effect.

(4.) In acute and chronic pyo-salpinx.

(5.) Chronic peritonitis and oöphoritis. *Berl. Med. W.*, 19, 1886.

Mender de Leon, Arch. f. Gyn., xxvi, 1, reports the successful treatment of forty cases of menorrhagia, in which the fluid extract of hydrastis was used in fifteen to twenty drop doses two weeks before the menstrual period.

Winkel in his Lehrbuch f. Frauenkrankheiten, 1886, says he has obtained excellent results from the use of hydrastis in uterine hæmorrhage due to fibromata, and sometimes noted diminution in their size.

My experience with hydrastis for uterine hæmorrhages is limited to eight cases, with the following result: I, II, III, —Cases of endometritis with subinvolution, attended with severe menorrhagia. Local treatment was given at the same time, but while ergot and digitalis had been administered and seemed to have no effect whatever on the hæmorrhage, decided improvement followed the administration of hydrastis. IV—Case of small intra-mural fibroid of the uterus (1½ in. dia.). Patient very anæmic from the loss of blood. No local treatment. After hydrastis had been given for six weeks the menstruation was normal and the fibroid disappeared. V, VI, VII—Cases of larger intra-mural fibroids, with almost constant hæmorrhage.

While hæmorrhage increased during the time that ergot was given, the use of hydrastis was followed by decided improvement; patients were free from hæmorrhage for two and three weeks. No effect on the size of tumor was noted.

VIII—Case of severe menorrhagia, in which no local pathological condition was found except severe arterial congestion of the uterus and slight cervical catarrh.

In this case ergot had produced pain and seemed to in-

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crease the hæmorrhage. Digitalis and mineral acids had given no relief. On the administration of hydrastis some improvement was noted in the period following, and recovery in two months.

In the above cases the fluid extract of hydrastis was given in twenty drop doses, three or four times a day.

The only unpleasant effect noted was slight nausea in one case, which disappeared on diminishing the dose to ten drops. Later, the patient took twenty drops without difficulty. In none of the cases did it produce pain.

IODOFORM.

In connection with this antiseptic I desire to call your attention to iodoform gauze dressings in place of antiseptic douches after operations on the uterus and vagina. This mode of dressing has been in vogue in Germany for the past two years, and has given great satisfaction. Fritch, Schroeder and others adopt it in case of vaginal extirpation of the uterus, as well as minor plastic operations on the cervix and vagina, and in a large number of their graver operations the temperature remains normal.

The vagina is loosely packed with strips of iodoform gauze, which are left undisturbed for three or more days, unless there be hæmorrhage or profuse purulent discharge.

I have recently used this mode of dressing in three cases—(1) removal of cyst of vagina; (2) trachelorrhaphy; (3) amputation of the cervix, and think it presents decided advantages over the douche. It is a thoroughly reliable antiseptic; gives an elastic support to the parts; in case silver wire sutures are used it forms a good protective covering; allows drainage; and is hæmostatic.

DISCUSSION.

Dr. John H. Hollister:

It seems to me that the suggestions in the first paper are of such a practical character as to require our careful consideration and demand of us a definite position as to what our duties are. We stand in a relation with reference to

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the pharmaceutical profession that ought not to antagonize us in any way against them; but the time has come when there should be some code of ethics or arrangement made to govern the relations between the druggists and ourselves, each being mutually interested, respected and absolutely obeyed. That the abuses are not overstated in that paper is patent to you all. The matter of refilling the prescriptions, or substituting drugs, is one for which the medical profession is held responsible—a responsibility which it is not at all anxious to assume. It occurs to me that we should carefully prepare a paper setting forth our relations with manufacturing druggists and dispensing chemists so fully and lucidly as to receive from both sides a just and unbiased exposition of the relations existing.

Dr. A. T. Barnes, of Bloomington:

This has become a very serious question with me. With regard to the relations of the druggist and the physician, it has become the practice in my town for druggists to duplicate a prescription once or even a hundred times. They have filled a prescription for a certain kind of pills so frequently that they are now known as "Barnes' Pills." I am perfectly willing to protect druggists in anything that legitimately belongs to them, but at the same time I want to be protected myself. We have got to have the assistance of the legislature to protect us, or dispense our own medicines.

Dr. N. S. Davis:

There are two aspects to this subject on which my mind has been very well settled for a long time. One is that a physician, in practicing medicine, should adopt as a first rule never to prescribe any manufacturer's medicine whatever as his medicine, prescribe no combination that somebody else has made for him. The physician should prescribe, and if he puts in more than one drug, he should designate every one of the materials and the exact amount, and it should be filled with materials according to the standard

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strength of the United States Pharmacopœia. Never prescribe Tom, Dick and Harry compounds. It begets a carelessness that is of no minor importance in dealing directly with our patients, and, as I said before, if we have a standard that we acknowledge as to strength and purity, we should require the druggist to keep those drugs and see to it that they are of standard purity. The next thing is that it is high time the profession made a demand, in a way likely to be heeded, that the business of putting up prescriptions be placed in the hands of well-trained and skillful druggists; that this department be entirely separated from a store that sells everything else—that is more a restaurant than a drug-store. The sick people are taxed as much for every case of acute sickness lasting more than three days, for medicine, or even more than would pay the doctor. They must help pay the rent of the most costly stores in the country. What is the use of grand drug-stores? All that is needed is a skilled clerk with his case of medicines. The more quiet and the more retired he is, the better. It is entirely a false system. I am not blaming individual druggists, but a system. In Europe, the best pharmacists are found often in a little room hardly commanding a rental of five dollars a month. We ought to demand this separation of the dispensing department from all its surroundings, for the justice of the community. If folks want to sell hairpins, combs, etc., let them go to a good store and make a display of them. Let them do it, but don't call it a drug-store. If we are going to keep up the relation of the physician being responsible for the accuracy of his medicines there must be a change. Let us require the prescribing druggist to divest himself of every other thing. I do not see why the community should be required to pay for as many druggists as care to go into the business.

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REPORT OF THE COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY.

SAMUEL J. JONES, M.D., CHICAGO, CHAIRMAN.

By the constitution of this society it is made the duty of the standing Committee on Ophthalmology and Otology to "prepare an annual report on all the important improvements in the management of diseases of the eye and of the ear, effected during the year."

"Improvement in the management of diseases of the eye" has both a positive and a negative aspect. On the positive side may be classed the advances made in gaining more intimate knowledge of the histology of the eye—its physiology and pathology, as throwing more light on the ætiology of disease as the key to its therapeutics and surgery, since the therapeutics, as well as the surgery, may be regarded as the natural sequence of a demonstrated pathological condition, as the corollary follows from a demonstrated proposition.

Ophthalmic therapeutics, including its materia medica, must be based upon ascertained facts in anatomy, physiology and pathology; and substantial improvement in the management of diseases can only be based upon correct knowledge of the pathological condition with which we have to deal: correct knowledge of the therapeutic measures or materials used in the treatment of disease, or correct knowledge of the surgical principles involved in the mechanical procedures employed. Since modern scientific ophthalmology may properly be dated from 1851, when Professor Helmholtz gave to the world the result of the scientific investigation which he and others had been conducting in their efforts to

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effect a reliable means of examining the interior of the eye during life, an evolution has been going on in ophthalmic science, much of the time with rapid strides. The yearly contributions to the science have been great in all directions, and the result has been an accumulation of varied character, and in a comparatively short time—an accumulation that might almost be regarded as an embarrassment of riches. As a consequence, the negative aspect is forced upon the attention of the investigator in the field who seeks evidence of the true advancement made from year to year.

The process of elimination must be resorted to, and one finds the mistakes that usually attend rapid development and premature announcement of supposed discoveries, and finds that here, as in other places in the wide field of medicine, many cherished theories, many vaunted remedies, and many novel and lauded operative procedures have failed to stand the practical and reliable test of time, and in the necessary culling process have had to be relegated to the list of the disappointing, the useless, or the harmful. The results of such work, for even the past year, could not be embraced in a report such as this is designed to be, nor will the space and the time allotted it permit more than a cursory view of some of the changes wrought in that short time.

Passing over the results of recent investigations of the normal and pathological conditions of the eye, which interest chiefly those engaged especially in ophthalmology, and proceeding to consider the more practical results which may be considered as improvements in the management of diseases of the eye, it may be profitable to consider first the management of the diseases of the appendages of the eye, and later of the eye-ball proper.

In the treatment of inflammation of the conjunctiva, the more heroic measures have been replaced by milder remedies in the acute stages, with great advantages in increased comfort to patients, abbrevation of duration of the affection,

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and less risk to the integrity of the organ. The introduction of boric acid alone as a topical application to the conjunctiva has done much to simplify treatment of conjunctivitis. The use of cocaine to the conjunctiva continues to meet the expectations aroused by its introduction into ophthalmic practice. Its use in the removal of foreign substances lodged in the conjunctiva or in the cornea, affords great comfort to the patient, and is of real service to the physician in effecting their removal. Another year's trial in the use of infusion of jequirity has served to modify the enthusiastic claims made for it when it was introduced, a few year's ago, by de Wecker, in the treatment of pannus. Whilst it cannot now be claimed that its use is wholly free from danger, yet the risk is less than that from purulent inoculation of the conjunctiva as practiced years ago, and for which jequirity may be regarded as having in a measure been substituted. Its true value, and its proper place in ophthalmic therapeutics, remain yet to be fully established.

The part which the blennorrhagic micro-coccus or gonococcus plays in producing morbid discharges from mucous surfaces, including the conjunctiva, is one of the problems not yet fully solved.

The recently reported experiments by Professor Knapp, of New York, upon rabbits' eyes, have been both interesting and suggestive, and seem to indicate that simple traumatism alone is not sufficient to establish a suppurative process. The germ theory of the origin of disease does not exclude purulent secretion of the conjunctiva. Certainly the locally unirritating parasiticides may be used with advantage in established suppurative processes of the conjunctiva, and asepsis should always be sought for in operations upon the eye or its appendages. New operative procedures are still being proposed, from year to year, for the relief of entropium, but apparently with more satisfactory results than attended the earlier efforts. Whilst many of them give temporary relief

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from the annoyance of that affection, recurrence of the trouble, after a longer or shorter time, seems to be the usual result.

The subject of strabismus and its relief has been receiving renewed attention of late. Beyond the mere mechanical part of the operation of tenotomy, the subject is a difficult one in many of the cases. Whether the amblyopia which attends many cases be the cause or the consequence, whether it be congenital or acquired, it is a complication and an embarrassment seemingly very difficult of remedy, and it must be confessed that there is yet much to be learned regarding this very common affection.

Cataract.—In the operation for soft cataract the needle-operation discision is still the one usually practiced. After partial disintegration and softening of the lens, suction is sometimes practiced to hasten the removal of the lens substance.

In hard cataract, extraction of the lens is still usually effected by von Græfe's modified linear extraction, either as suggested by him or as variously modified by others.

Manipulation to hasten the ripening of the cataract, in order to admit of earlier extraction, has not thus far been attended by results which greatly encourage repeated efforts, and its practice is not free from danger.

Incision of the periphery of the capsule of the lens, as suggested for the escape of the lens and to prevent continuance of the nutrition of the capsule, thus to avoid the occurrence of secondary cataract, has not met with general favor.

Scooping-out of the opaque lens in its capsule, with the attendant risk of loss from vitreous body, has commended itself, either on theoretical grounds or by practical results, sufficiently to have led to its general adoption.

The matter of dressing of the eye, called the after-treatment, in operations on the eye-ball, especially in extraction of hard cataract, has attracted considerable attention during the past

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year, because of great innovations on the long-established custom of bandaging of eyes thus operated upon, and the confinement of patients to dark rooms, with attendant deprivation of accustomed exercise, and under the depressing influence of darkness. The substitution of strips of adhesive plaster over the eye-lids for the heavy bandages so generally used to secure apposition of the edges of the incised cornea and the splint-like support of the eyelids, has given greater comfort and much satisfaction to patients. Thus far no unfavorable reports have been made to indicate that the change in this mode of dressing has resulted otherwise than satisfactorily, but it has, probably, not yet been long enough on trial to have determined either its value or the safety of the operating surgeon in case of failure to secure an average result from an operation for cataract, in view of the seeming proneness of many people to seek an excuse for instituting legal proceedings for alleged malpractice in the treatment of eye troubles.

Glaucoma.—The varying conditions in acute and chronic glaucoma still continue to be an embarrassment in their treatment, in consequence of want of more accurate knowledge of the pathology of that disease in its early stages; it may safely be alleged that no substitute for iridectomy has yet been discovered that is as reliable as that operation in the treatment of the affection. Eserine and other substitutes cannot give the relief required in the condition called, by Knies, "sclerosing inflammation of the angle of the anterior chamber," with the accompanying and consequent atrophy.

Sympathetic Ophthalmia.—This dangerous affection still holds a place second only in importance to glaucoma, and its ætiology is little if any better understood. Its development seems to be varied in character, and still leaves much doubt as to the avenues of its advance.

The belief formerly held that enucleation of the first affected eye should not be performed after evidence of beginning sympathetic disease in the other eye had manifested itself, is no longer so generally held. A substitute for enucleation of

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the eye-ball was introduced a few years ago, called optico-ciliary neurotomy, and consisted in dissecting the cellular tissue of the orbit, so that by the use of a curved instrument the optic nerve could be divided, and the supposed line of advance of the disease be interrupted. The results which followed a fair trial of the substitute have led to its abandonment.

Evisceration of the globe is a later substitute for enucleation of the eye-ball, in these and other cases in which it is desired to avoid danger of sympathetic disturbance of the unaffected eye, and yet to retain enough of the sclerotic coat of the eye, with its muscular attachments, to afford a movable support for an artificial eye. It seems to possess merit enough to warrant longer trial.

Astigmatism.—Martin (*Annals d'Oculistique*) describes two varieties of astigmatic contractions of the ciliary muscles which tend to neutralize a symmetry of the lens—an astigmatic condition—and makes difficult the adjustment of cylindric glasses; this can only be overcome by strong mydriatics. The same condition complicates latent hypermetropia. In such cases the use of mydriatics is especially indicated, to overcome the spasmodic action of the ciliary muscle and to suspend the accommodative power of the eye, which is a source of embarrassment and uncertainty in adjusting glasses in errors of refraction, and nominally defective accommodative power of the eye.

It is not improbable, however, that, in the absence of such abnormal action of the ciliary muscle, the use of a mydriatic, with its attendant inconvenience and annoyance to patients, is more general than is demanded by the welfare of patients; for repeated testing by trial glasses will enable one to secure the requisite glasses without the use of a mydriatic, and to the great gratification of patients who had previously been subjected to the annoyance of mydriasis for not only days but weeks.

Plastic Operations.—Transplantation of conjunctiva from a rabbit's eye to the human subject in cases of loss of a part of

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that mucous membrane, as by burns and other injuries, has been so successfully done as to have given this plastic operation a probably permanent place in ophthalmic surgery.

The success which attended this operation led to the substitution of the entire eye-ball of an inferior animal, by transplanting it into a human orbit, and with partial success, as to cosmetic effect, in case of loss of the natural eye-ball. If experience should prove that such transplanting of eyes can be substituted for the wearing of artificial eyes, which are more or less of an annoyance, it would prove a great advance in many respects.

Von Hippel has recently reported a successful case of transplanting corneal tissue in the case of a young woman. By removal of an opaque portion from the center of a cornea, by means of a trephine, down to the membrane of Descemet, and then by means of knife and forceps removing still more of the opaque corneal tissue, an opening was made into which he transplanted a piece of cornea from a rabbit's eye, with aseptic precautions. Rapid union took place; for a few days the transplanted portion was cloudy, but at the end of a week it had become transparent again, and when report of the case was made, eight months later, the transparency continued, with indications that it would be permanent.

Vision through the transplanted portion was reported as being 20-200 or 1-10.

[The Otological part of this report could not be furnished the publication committee in time for the transactions on account of sickness of the author.]

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CONTRIBUTION TO THE REPORT ON OPHTHALMOLOGY AND OTOLOGY.

By A. E. Prince, M. D., Jacksonville.

The Politzometer.

It is the purpose of this brief paper to call attention to a mode of regulating the pressure employed in the inflation of the middle ear.

Without a guide to the force required or employed to inflate the drum, an over distension is not unlikely to occur, and in consequence of which no little criticism has been expended upon the results of Politzer's original method. In this, the patient is told to take some water in his mouth, and upon a signal, to swallow. At this moment the bag is compressed and the air driven into the tympani. It is not always easy or possible to secure perfect co-ordination between patient and physician. The motions of swallowing being often difficult to discern, the impulse may come too late, with the disagreeable effect of filling the stomach with air, or it may be premature, with the unpleasant consequence of blowing the water out of the mouth. After two or three failures the estimate of the force to be applied may be neglected, and with the full pressure of the hand on the bag, the air may be driven with undue force into the middle ear. The consequences of such an over-distension may be acute, resulting in pain, inflammation and consequent rupture of the drum, or, if often repeated, its normal tension may be diminished.

In the case of children, with whom most can be accomplished, the use of the eustachian catheter is out of the question, and it is often impossible to secure simultaneous co-operation in the act of swallowing.

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The infliction of pain serves to shake their confidence, and proceeding with gentleness is at an end.

The difficulties of co-operation are lessened by the suggestion of Gruber—that simultaneously with the compression of the bag, the patient close the pharynx by pronouncing the sound "k" in "kick" or "hock." Holt has recommended (ophthalmic and otic memoranda Roosa & Ely) that the patient blow with puckered lips, and the distension of the cheeks with air during inflation has been advanced, but the value of blowing has never found any general recognition.

The operation of the act of blowing was first brought to my notice about four years ago through the sale of a tube reaching from the mouth to the nose, through which one could blow vapors into his own ears. This method of inflating the tube was found to excel the Valsalvian experiment, presumably owing to the tension of the muscles of the palate and pharynx.

Prompted by this idea, a recurved glass tube was filled half full of mercury and supplied with a rubber extension two feet long, against which the patient was requested to blow while the ears were inflated. The method was found to be efficient.

While the mercury is depressed, the remaining nostril is closed the last thing before inflating (else the palate may fall before the pressure is applied), when the air is driven by the bag through the nostril, and a force indicated by the depression of the mercury plus the momentum of the blast will be expended in inflating the middle ears, while any surplus force, in place of working an over distension of the drums, overcomes the upward pressure on the palate and escapes into the pharynx.

It is evident that just in proportion to the lowering of the mercurial column in fractions of an inch, is the palate forced against the pharynx by a force measured in corresponding fractions of a pound.

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By observation it has been found that a depression of one-fourth of an inch of mercury corresponding to four ounces on the under surface of the palate, is usually sufficient, in the normal state, to secure the inflation of drums. The requirement of a greater mercurial depression approximately indicates the pressure and degree of obstruction to the passage of the air through the tube.

To increase the ease with which the patient can detect the entrance of air into the drum, a diluted vapor of chloroform is usually employed.

Such an instrument, which has been fashioned for the convenience of office use, is subject to your inspection, and for the want of a better name it has been christened Politzometer.

It is seldom that an instrument or process is without failings, and adapted to all cases. This device is found not to be an exception to the rule. The success of its operation depends on the expulsive power of the individual chest, and since that is usually limited to three pounds to the square inch, an obstruction greater than that demands the use of water or recourse to the catheter or bougie. In some the expulsive power is so feeble as to make it available in only moderate degrees of stenosis. In a very few instances the buccal cavity will be cut off from the pharynx by the elevation of the tongue, making the method inoperative until the difficulty can be explained to and corrected by the patient.

The uses which have been conceived for this instrument may be summarized as follows:

First. The absence of obstruction may be inferred when inflation can be accomplished by a minimum depression of one-fourth of an inch.

Second. The degree of obstruction forms an index for comparison between the conditions found at intervals during or in the absence of treatment.

Third. The physician can always observe the depres-

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sion of the mercury, and thus avoid all difficulties arising from a failure to act simultaneously with the patient.

Fourth. The amount of the depression of the column is subject to the will of the patient, who can intelligently aid the physician in avoiding an over-distension.

Fifth. The act of blowing being prolonged, repeated inflations in rapid succession are possible.

Sixth. The most important feature is the increased facility afforded in the management of children and timid persons.

DISCUSSION.

Dr. E. Wing asked if there was any rise in the column of mercury at the time of inflation.

Dr. A. E. Prince:

In answer to the question of doctor Wing, a very pertinent one, I would say that at the moment of inflation a small rise, of variable extent, may be noticed in the column. This occurs when the upward pressure on the palate is overcome and the surplus air enters the pharynx. The ratio between the quantity of this and the capacity of the chest is so small that the momentary increase of pressure is very slight. Owing to the muscular tension of the palate, a variable force of resistance is offered to the entering air current, so that the indication of the mercurial column must be regarded as only approximate; and while it does not possess mathematical accuracy it has practical utility.

I may be allowed to add a word adjunct to the able report of the chairman of this section, for the purpose of calling attention to the use of peroxide of hydrogen in cleansing the middle ear of matter. Containing, as it does, twelve volumes of oxygen, which is liberated by contact with pus, it is peculiarly adapted to employment in the cleansing of cavities where, owing to the smallness of the openings and the absence of counter openings, irrigation is impossible. To my knowledge, nothing has thus far been discovered which places discharges of the middle ear more under control than this agent.

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REPORT OF THE COMMITTEE ON SECRET

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William T. Kirk M.D.

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REPORT OF THE COMMITTEE ON NECROLOGY.

EPHRAIM INGALS, M. D., CHICAGO, CHAIRMAN.

WILLIAM THOMAS KIRK.

William Thomas Kirk was born near Simpsonville, Ky., Oct. 27th, 1833. At the age of eighteen years he entered the office of Dr. Atkinson, of Simpsonville, and commenced the study of medicine, having previously improved all the educational advantages his locality afforded. He attended the Louisville University in 1853 and again in 1854, and graduated at this session. After his graduation he came to Illinois, and located at Mt. Pleasant—now Farmer City—where he remained one year, and then removed to Atlanta, where he remained, excepting for a period of a little over three years, during which time he served his country as a surgeon in the army, until the day of his death. He entered the service of the United States as surgeon of a volunteer regiment in the autumn of 1862, and during the last year of the war he held the position of Executive Officer of Brown's General Hospital, at Louisville, Ky. He was married May 28th, 1856, to Miss Maria A. Veeder, of Shelbyville, Ky., by whom he had three children. This very estimable lady died June 1st, 1864. He was again married March 21st, 1871, to Miss Olive J. Morris, of Atlanta, who, with three children as the result of this marriage, survives to mourn his loss. He was an ardent politician, was a delegate to the Democratic Convention at Cincinnati, in 1880, and was one of the electors at large for Cleveland and Hendricks in 1884. In March last he was appointed post-master of Atlanta, and would have taken possession of the office on the first day of April had he lived. He was a K. T., an Odd Fellow, a member of the G. A. R., and of some other secret organizations, and in all, whenever opportunity offered, was a worker. It was

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William T. Sirot M.D.

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his nature to be zealous, an enthusiast in whatever he undertook. As a physician he was industrious, ever ready to attend the calls of rich and poor alike, in sunshine or storm, by night or by day, and was unusually well prepared to meet all the emergencies either in medicine or surgery which beset the pathway of the general practitioner in country towns. He was quick to see and prompt to act. He was self-reliant, and inspired his patrons with a feeling of safety in relying upon him. He was a man true to his convictions, and fearless in expressing them, though perhaps not always politic. His nature was positive and aggressive. All such men make strong friends and bitter enemies. To this rule Dr. Kirk was no exception, but withal he was a courteous, courageous Christian gentleman, and an intelligent, kind and faithful physician.

On the 22d of March the citizens of Atlanta were aroused at early morn by an alarm of fire. The Doctor, upon looking out, thought the fire was at his office. He partially dressed, and ran some four or five blocks, when he fell, and was taken up and carried into his office. His professional brethren found him pulseless and unconscious. Under the influence of stimulants he partially rallied. Some five or six hours later I saw him ; he was complaining of nausea, and the heart's action was quite feeble, but evidently improving, and there was some angina pectoris. He was removed to his home. Nutrients, mild stimulants and digitalis were directed, and absolute rest enjoined. On the morning of the 25th I received a telegram to the effect that he had gotten up and fallen in a faint. When I reached him, which was nearly noon, he was restless, pale (not cyanotic), expression anxious, and he was laboring for breath. I could not feel any pulse at the wrist or in the carotids, nor with my ear upon the chest could I appreciate any heart action. He was begging to be allowed to get up. I stated to him his condition, and asked him if he had a patient in the same condition

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if he would listen to his leaving the recumbent position ; he answered promptly, "No," and ever after remained quiet. I asked him if he had anything to say in view of the probabilities that he might not recover ; he again answered, "No." Stimulants were continued, but no response was obtained. The breathing would cease at intervals for some seconds, the time gradually increasing, until between 4 and 5 P. M., when all was still, and the spirit of a courageous and noble man, your President, had departed, I trust, to a better world, from where, I fancy, he to-day will watch over our deliberations. On the following day an autopsy was held by Drs. Lowerie, of Atlanta, and Noble, of McLean, revealing an amount of fatty degeneration of the heart seldom witnessed. All the muscular tissue was infiltrated with fat, and the tissue itself so friable that it could be readily broken down between the thumb and finger. In the death of Dr. Kirk this society has sustained a loss, the community in which he lived a much greater one, and his immediate family one that, to them, is irreparable. As a husband and father he was kind, affectionate, and generous. I trust there will go from this society to the bereaved widow messages of kindness and sympathy, for I know such would fall upon her sorrow-stricken heart like a healing balm. For ourselves, I move, as a token of our respect, that the President's chair be draped in mourning, and that the following be adopted.

WHEREAS, An all-wise Providence has removed our worthy President; and,

WHEREAS, We would place upon record our appreciation of his merit and extend our sympathies to his bereaved family; therefore, be it

Resolved, That in the death of Dr. Wm. T. Kirk this society has lost one of its most prominent and highly respected members.

Resolved, That this society hereby extends to Mrs. Kirk its heartfelt sympathy in her great bereavement, and expresses the hope that the recollection of his useful life and the esteem

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in which he was held by his professional brethren may have the effect to moderate her grief. While the society cannot by any act lessen the burden of her sorrow, it would direct her to that great source of consolation, which never fails to afford relief to those who put their trust in Him,

Resolved, That these resolutions be spread upon our records and a copy furnished the widow of our deceased President.

J. L. W.

ROBERT C. HAMILL.

Robert C. Hamill was born at Xenia, Ohio, November 26, 1808. He was the oldest of ten children. His ancestors were Scotch-Irish Presbyterians, and were among the earliest immigrants from across the Atlantic who settled Pennsylvania. They had—what so many of the Puritan and Huguenot settlers of America possessed—a weight of character and strength of blood, which, like the Arethusa of fable among waters, was able to flow for generations through the surrounding ocean of humanity without losing its individuality. Dr. Hamill acquired some preliminary education at an academy in Xenia, and entered Jefferson College, at Cannonsburg, Pa., when but sixteen years of age. The institutions of learning of all newly-settled countries necessarily furnish but a limited course of instruction. Remaining but one year in college, he went to Mississippi and opened a school near Vicksburg. In 1833 we find him running a flat-boat on the Yazoo and Mississippi rivers, carrying produce and merchandise to and from New Orleans. He was afterwards promoted to clerk, purser and general business manager on one of the small primitive Mississippi steamers. Dr. Hamill was the tallest physician who has ever practiced in Chicago, being six feet five and one-half inches, almost reaching the height of Mr. Lincoln, whom he much resembled in form and figure. Their flat-boat experiences, too, were similar, though Mr. Lincoln was never advanced to the command of a steamer in the merchant

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marine of the west, as Dr. Hamill was. Dr. R. L. Rea, who comes next among the tall doctors of Chicago, standing six feet four inches, told me that Dr. Hamill and himself were once presented at the same time to Mr. Lincoln, a trio not often equaled in altitude.

From these tentative employments, however, Dr. Hamill soon returned to Xenia, where he opened a drug-store and commenced the study of medicine with Dr. Joseph Templeton as his preceptor. He attended one course of lectures in the Cincinnati Medical College, of which he became a licentiate in 1838. In 1861 he received the honorary degree of Doctor of Medicine from the Rush Medical College. In 1838 he married Miss Elvira J. Davisson, of Xenia, and removed to Bloomington, Ind., where he soon acquired a large practice, which he successfully continued until his removal to Chicago in 1852. He was in active practice here until the last two years of his life, when he restricted his professional work to some of his old families and to the poor, devoting much of his time to the interests of charitable institutions with which he was connected.

He was a member of the American Medical Association, of the Illinois State Medical Society, of the Chicago Medical Society, visiting physician to the Home for Incurables, of which he was among the founders, consulting physician to the Presbyterian Hospital, and trustee of Rush Medical College. During our civil war he visited a number of the battle-fields under the auspices of the Sanitary Commission, to care for the sick and wounded soldiers, and he took a great interest in the Soldiers' Rest at Chicago, which, after the close of the war, developed into the Soldiers' Home, of which Dr. Hamill was for eighteen years the president. For more than fifty years he was a member of the Presbyterian church, and for twenty-eight years he was a communicant of the First Presbyterian church in Chicago, in which he was an elder fifteen years.

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R. O. Hamill, M.D.

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He died from failure of the powers of the heart, July 21, 1886. He spent several hours of that day attending to the wants of some pensioners of the Soldier's Home, and in prescribing for some charity patients. Among these was a woman who was stricken with consumption, who called to see him at his residence. One who witnessed the scene told me that, when ready to leave, the patient told the doctor that her husband had not been able to do much of late; but she proffered a fee for the consultation, which he refused, and, accompanying her to the door, dismissed her with a kindly politeness that could not have been surpassed had she been a lady occupying the most exalted position in social circles. I am glad to record this for the honor it reflects on Dr. Hamill as well as on the profession which he honored. One such unostentatious act, springing from the heart, has more weight than the most elaborate eulogy.

He was a strong anti-slavery man. He never coveted ofcial stations; but he felt a lively interest in political events, and was careful to attend the primary meetings, to cast his ballot at the polls, and to exert all the influence he could towards the purification of municipal affairs. Had he been ambitious, he possessed mental powers and moral qualities that would have assured him greater prominence both in and out of the profession than he ever attained. He did not covet position, and was wise enough to value what was real and intrinsic above the deceitful glitter of surface show. He was an honest man in every fiber of his organization. He was without bigotry or quackery, and his acts never needed the shelter of technicalities as a defense. He had a sound mind in a sound body. He was logical and capable of forming correct judgments. He expressed his thoughts well, for he had a large vocabulary which he used with uncommon felicity. His widow survives him, as do three sons, who are among the active business men of Chicago.

E. I.

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JAMES STEWART JEWELL.

Words fail to express the sorrow that came to the hearts of all who knew him, when it was said of Professor Jewell —that he was dead!

Many of us have watched for years, and with tender solicitude, the heroic struggle he made with an insidious disease. Once and again it seemed to assert the mastery; but once and again, by the power of his indomitable will, and a courage born of such sublime faith and hope as he possessed, and the conviction that a grand life-work so well begun was yet unfinished, seemed to bear him up, and to command returning health, and inspire on the part of his friends the hope that a life so valuable might long be spared.

But the mandate came; not suddenly, but—seemingly too soon! and the labors of our esteemed brother were ended.

The ministries that loving affection could suggest were promptly rendered.

Around his burial casket his friends were gathered, while the story of that noble life was told in words which will not be forgotten, and then the mortal casket, without its *Jewel*, was laid away to rest. It will fall to the lot of those who command a readier pen than ours, to those who knew him better, and who can command both time and the materials which he has left, to pay the proper tribute to the life of Professor Jewell, and to voice in fitting words the sorrow of his many friends at his decease.

We only desire, in this brief paper, to place on record in the proceedings of the Illinois State Medical Society, in words as fitting as we may, our testimony to the worth, and our personal esteem for this departed brother.

James Stewart Jewell was born in the city of Galena, Ill., September 8th, 1837. His parents were natives of Tennessee. His preliminary education was obtained in the schools of Galena. In 1855 he registered as a medical student with Dr. S. M. Mitchell of Williamson county, Illinois.

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JAMES STEWART JEWELL.

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He attended his first course of lectures at Rush Medical College during the session of 1858 and 1859.

At the formation of the Chicago Medical College, in 1859, he became one of its first senior students, and graduated from that institution in 1860. For two years and a half he practiced his profession in Williamson county, removing to Chicago in 1863. From 1864 to 1869 he filled the chair of Anatomy in the Chicago Medical College. During the latter year he received from the Northwestern University the title of Master of Arts. At this date he spent a year in Europe, extending his travels into Egypt and Palestine, visiting Literary and Medical Institutions in all the principal cities of the Old World.

Returning to Chicago, he gave a course of lectures, in 1871, upon general pathology, in Chicago Medical College.

In 1872 the chair of Mental and Nervous Diseases was created for him, which position he held so long as his health permitted. In this specialty he became an authority, ranking among the foremost in America, and acquiring a world-wide reputation for his learning and ability.

In 1874 he commenced the publication of the *Journal of Mental and Nervous Diseases*—a quarterly—upon which was bestowed an incredible amount of labor, and which at once took rank as one of the foremost of its kind in any language.

Professor Jewell was widely and most honorably related to the medical profession. For three years he was president of the American Neurological Society. He was a member of the American Medical Association; of the International Medical Association; of our own State Medical Society; of our local medical societies; of the Academy of Sciences; of the Wisconsin Academy of Sciences; and was one of the Vice-Presidents of the International Congress to be held in Washington in September next.

As a man of vast and varied learning, Doctor Jewell had

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Robt W McArthur MD

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few equals. His reading was simply prodigious. The best thoughts of the best thinkers were his daily food.

He had not only marvellous powers of acquirement, but he was a profound thinker as well. His writings upon scientific and religious subjects take rank with the ablest of the present day.

His loyalty to the Christian faith was intense and outspoken. His views upon the harmony of science with religion are the most able that have found expression anywhere.

In all his personal relations in life he was the soul of honor; a loving husband, a devoted father, a trusted friend, intensely loyal to all that was good; in that broad sense in which but few men are included, he was a perfect gentleman. He was clear in his convictions, *bold* and out-spoken in their expression, and yet so noble and so true that we doubt that if in his entire lifetime he had a single enemy. He died of pulmonary disease, April 18th, 1887. Burial services were held the following day at Trinity Methodist Church, of this city, and his remains were buried at Rose Hill. J. H. H.

ROBERT M. Mc ARTHUR.

Robert M. Mc Arthur was born in Ayrshire, Scotland, March 24, 1825, where he acquired the rudiments of his education. He emigrated to the United States in 1842, and finished his literary studies at Aurora, Ill., and Oberlin, Ohio. He commenced the study of medicine in the office of Dr. Chester Hard, of Ottawa, in 1850, and received his medical degree from Rush Medical College in 1854. He soon after married Miss Martha Hard, the sister of his preceptor. Her death occurred but two weeks before that of her husband. Of their three children, a son died in infancy and two daughters survived the parents. Immediately after his graduation Dr. Mc Arthur commenced the practice of medicine in Ottawa, where he remained until his death. In 1862 he

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was made surgeon of the board of enrollment of his congressional district, the duties of which post he discharged with eminent ability until the close of the war in 1865. For several years he served as secretary of the examining board of surgeons. For ten years he was coroner of La Salle county, and three years he was a member of the board of education. He was president of the alumni association of Rush Medical College, and at the time of his death he was health officer of the city of Ottawa. His literary culture and professional attainments found expression in articles contributed to the current medical periodicals of his time. He was a member of the state and local medical societies. He died in Ottawa, Aug. 12, 1886, respected and beloved by a community in which he had spent all of the active period of his life. J. C. C.

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REPORT OF THE SPECIAL COMMITTEE ON DERMATOLOGY.

HENRY J. REYNOLDS, M.D., CHICAGO.*

My report will, in conformity with the usual custom, be confined to what has come to my notice, or been deemed worthy of mention in the way of advancement and new discoveries during the past year in dermatological practice, and therefore a commendable feature about it will be its brevity.

TREATMENT OF LUPUS VULGARIS BY ELECTROLYSIS.

This method of treating lupus vulgaris was suggested by Gartner and Lustgarten in the *Wiener Med. Wochenschrift*, Nos. 27 and 28, 1886. They use a flat metallic pad large enough to cover the lupus nodule, the healthy skin being protected by a rubber ring around the pad. This pad is connected with the negative pole of a galvanic battery with a current of sufficient strength to produce an escharotic effect, which is said not to produce much pain. The nodule becomes immediately swollen, with a discharging surface. In a few hours it becomes depressed and covered with a brown scab. This is now to be dressed as an ordinary sore, with ointments, etc. In from eight to fourteen days the scab falls and a smooth, flexible scar is left.

In regard to this treatment, while it is without doubt a very good way of accomplishing the same result that is now produced by other means, it nevertheless must necessarily be just as far from a sure cure for the disease as the other methods—caustics, scarification, scraping, etc., from the fact that this disease is one that almost always sooner or later crops out in other places entirely remote from the original nodules. I have under treatment at the present time a case

* Professor of Dermatology, College of Physicians and Surgeons, Chicago; Professor of Skin and Genito-Urinary Diseases, Chicago Policlinic; Chief Dermatologist West Side Free Dispensary, Chicago; Genito-Urinary Surgeon to the West Side Dispensary, Chicago, etc.

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which responds very readily to local applications to the nodules, which are more or less numerous, but when apparently cured, in due time fresh nodules crop out in other places. In another case recently under my care, the disease, after resisting all local applications, responded promptly when a sulphate of magnesia laxative was given internally in conjunction with the local applications, a fact which only illustrates an old principle, viz., that fluxions, local congestions, etc., may nearly always be reduced by depletion through the alimentary canal, as in the case of acne roseola, erythematous eczema, and other local congestions.

URTICARIA AND PRURITIS.

In an article in the *Buffalo Medical and Surgical Journal* it is claimed that there is nothing equal to a two to ten grain solution of menthol for relieving the itching of these very annoying and stubborn affections; that it not only promptly relieves the itching, but seems to have a curative effect. While my own experience with the remedy is not sufficient to warrant a positive statement regarding its value, I am led to believe it to be one of the best, especially in *pruritis ani* where camphor solutions and other stronger remedies are not always well tolerated. Where there is a tendency to eczema, however, as a complication, or a result of scratching in pruritis, I have never found anything better than camphor solutions, which I generally use in the form of the ordinary soap liniment, as it not only relieves the pruritis, but has an excellent effect on the eczematous conditions.

LANOLINE.

This drug, though not a new one, has come into general use in this country only during the last year, being first brought to the notice of the profession by German writers. It is a fatty substance obtained principally from the wool of the sheep. Medicinally inert in itself, it is used as a basis for ointments. For this purpose it has advantages and disadvantages over the other substances used for making ointments, such as lard, vaseline, etc. The advan-

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tage claimed for it is that it is more readily absorbed than most other ointment bases. It has the disadvantage, however, of having an offensive odor and being more expensive. In many cases, however, vaseline, and substances not so readily absorbed, are preferable, inasmuch as when protection and soothing effect are desired the remedy least easily absorbed is more desirable. In an article in *Jour. Cutan. and Vener. Dis.*, June, 1886, Geo. Henry Fox sums up his conclusions as follows: (1.) Lanoline is more readily absorbed by the skin than any other fatty substance; (2) as a basis for ointments it is useful when an effect upon the deeper skin or upon the whole system is desired; (3) on account of its firm consistency it is advisable to mix with it a certain amount of lard, especially in cold weather; (4) when applied to a highly inflamed skin, lanoline may not prove as bland as fresh lard or pure vasaline; (5) considering its recent introduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments.

HOT VAGINAL DOUCHE IN ACNE OF THE FEMALE.

Dr. Mahlon Hutchinson (*Medical Record*, May 28, 1886), acting on the suggestions originally made by Sherwell, of Brooklyn, of passing sounds in the male urethra, to which reference was made in my report on dermatology a year ago, for an analogous effect proposes the use of the hot vaginal douches in the female. He reports several cases which he claims were cured by this method.

MOLLUSCUM FIBROSUM.

Dr. R. W. Taylor contributed two very exhaustive articles bearing upon the ætiology, pathology, mode of evolution and retrogression of this disease which are too lengthy and comprehensive to make full reports on in this paper. He regards, however, the so-called dermatolysis as pathologically the same as molluscum fibrosum, and believes with Simon and Behrend, that the latter and the so-called strawberry marks, pigmented nævi, warts, etc., are closely allied.

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A NEW AND USEFUL INSTRUMENT.

Dr. E. L. Keyes, in the March number of the *Jour. of Cut. and Vener. Dis.*, describes an instrument which he invented and calls the cutaneous punch. It is an instrument about three or four inches long, with a hole in the end, similar to an ordinary punch, and with a sharp cutting edge around the hole. He uses it to remove the stained specks of skin in the face due to gunpowder; also for corns and other small growths. To remove the gunpowder specks he presses the punch with a rotatory motion through the entire thickness of he derma and removes each piece. His results were satisfactory. In a case of corns he pressed the punch down through the center of the growth, cutting out all the sensitive part of each corn; the results in this case were also satisfactorily good. A number of sizes, from a millimetre up, are required.

TREATMENT OF VASCULAR NÆVI.

Dr. Böing, following the recommendation of an Italian physician, reports brilliant results in circumscribed nævi from the application of a four per cent. solution of bichloride of mercury in collodion. He says the healthy skin surrounding the nevus should be protected by being painted with simple collodion previous to the application of the bichloride solution. The solution is then applied, in a number of coats, so as to extend over and beyond the growth. This should be repeated once a day for four or five days. It is followed by little or no inflammatory action, but a scab forms which is thrown off in about a week (*Memorabilieu, Hft.* 2-1886, *Journal American Medical Association*, page 151, vol. VIII.) leaving a denuded surface of superficial ulcer, which, treated with some simple dressing, heals in a week or two, leaving only a firm, smooth white cicatrix, level with the surface, with no tendency to contract, and without a trace of the dilated blood vessels.

COCAINE AS A LOCAL ANÆSTHETIC.

Knowing that cocaine was not well absorbed by the skin, and, therefore, did not produce much of an anæsthetic effect,

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Dr. Wagner, of Vienna, was led to make experiments for the purpose of ascertaining a method by which a better absorption and anæsthesia of the skin might be produced. Basing his theory upon the established principle in electro-physics, that fluids move from the positive to the negative pole in a galvanic current, he saturated the positive electrode with a cocaine solution, applied it to the skin, and applied the negative pole a short distance from the positive. As the result seemed satisfactory, he made a number of similar experiments in the clinic of Billroth to determine the value of the method in surgical practice (*Wiener. Med. Blatt*). He found that by keeping the positive electrode saturated with a sufficiently strong solution of cocaine and allowing the current to run in the manner described for a short time, incisions could be made in the skin without producing any pain. His results and the descriptions of the method were presented to the Society of Physicians of Vienna, at their meeting Feburary 5, 1886.

In regard to this method, I may say that I have personally made a number of experiments with a view to ascertaining its merits, which I intend to publish soon in the form of a paper on that subject, but which would occupy too much time were I to report them in full in this paper. I may merely say, however, that in my hands the method is a perfect success, and in my opinion one of the most useful discoveries that has been made in this branch of medical science during the year 1886. In my experience in the operation for the removal of superfluous hairs by electrolysis, and in other minor operations on the skin, when this method is used the patient need, under the proper conditions, experience no pain whatever.

DISCUSSION.

Dr. R. Tilley:

The question of electrolysis is one that interests us all. I regret that the doctor did not go more into the effect of electricity in the question of lupus. The advantage associated with the observation is this, that you have the action of

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the electricity as nearly as possible under observation. So far I think the use of the term electrolysis is, to a large extent, indefinite, and it is impossible to tell the action that takes place in the deeper tissues. In the electrolysis of the urethra the stricture is so far in as to make it impossible to observe the action of the electricity on the spot. But in the case of its application to lupus the whole action can be completely under observation. I did not quite catch the exact way in which the electricity is applied. I specially wish to know if the doctor has made any observation of the peculiar reaction that takes place in the tissues in this form of disorder. It is probable that the effect that is produced is not produced by any direct electrolytic action upon the tissues themselves, but the effects are produced by a decomposition of the salts that are contained in the blood, and hence we must look for the effect in the decomposition of the sodium chloride. It is a fact that the sodium chloride is very readily decomposed when an electric current is passed through a solution. It is greatly to be desired that we know whether an acid or an alkaline condition is most favorable, or whether any gases are formed.

Dr. H. J. Reynolds, in closing the discussion, said that he had never tried electricity in the treatment of lupus. It could have no other effect than could be had by the use of the knife. In performing electrolysis there are invariably bubbles of gas from the negative pole. But in the paper he had no idea of discussing electrolysis.

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REPORT OF SPECIAL COMMITTEE ON DISEASES OF THE THROAT AND NOSE.

E. FLETCHER INGALS, A.M., M.D.*

Epistaxis.

I make no apology for bringing before you a subject as old as man, for I have learned by experience that the busy physician is much less interested in what is unique than in that which is liable to occur at any time among his own patients. However, I will have but little to say of the forms of this affection, with which you are all familiar, but will report cases sufficiently rare to be of interest, yet, withal, so grave as to merit the most careful consideration.

Epistaxis has been treated of by medical writers since the earliest ages, but something of interest may still be said of it; for within our memory great advancement has been made in the means of accurate diagnosis, and corresponding improvements have come in vogue in the methods of treatment. At this time we need hardly consider the simple bleeding from the nose which occurs in nearly every child, with or without provocation, and which ceases spontaneously, like ordinary bleeding from the lungs; and is consequently readily cured by any of the mystic rites so well known by the public.

Epistaxis is occasionally met with that, either on account of its frequent recurrence, or the large amount of blood lost, becomes a source of great inconvenience or of actual danger to the patient.

In young people the most common cause of epistaxis is picking scales of dried mucus from the nares. In old people degenerative change in the blood vessels is a frequent

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cause, and during middle life excitement, direct injuries or strains, and vigorous blowing of the nose, acting upon an ulcerated or eroded mucous membrane, are the most frequent causes. Among the common but less frequent causes are: changes in the constitution of the blood itself; obstruction to the circulation through the kidneys, liver, lungs, or other organs; and malignant or fibrous tumors of the nares or naso-pharynx.

Inhalations of irritating dusts or vapors, and many other trivial accidents, are among the less important factors in causing this affection. In children or young adults the bleeding is often a safeguard which prevents the evil effects of plethora, and in women the hæmorrhage may be but vicarious menstruation.

The hæmorrhage which occurs in scurvy and low forms of fever is usually due to changes in the constitution of the blood, as is also that resulting from the hæmorrhagic diathesis. Sometimes there exist not only changes in the blood itself, but also in the mucous membrane; as, for example, in diphtheria. Several other infrequent causes might be named, but these are sufficient.

In plethoric persons, and often in those suffering from the low forms of fever, epistaxis is preceded by a feeling of fullness of the head, flushing of the face, giddiness, tinnitus, and itching of the nose, which symptoms are relieved by the bleeding.

In the majority of cases the blood flows from one nostril, drop by drop, the amount lost with one attack seldom being more than half an ounce or an ounce, and then the bleeding stops spontaneously. But in serious cases the blood may flow in a stream, and in cases dependent upon blood changes it often comes from both nostrils. In these cases the amount of blood lost will vary from one to many ounces. Some patients have been known to lose several pints in two or three days.

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As a result of frequent or severe hæmorrhages the patients become weak and anæmic, and suffer from neuralgia, giddiness and other symptoms of cerebral anæmia. In the more severe cases, dangerous or even fatal syncope may occur, but when we consider the amount of blood that is frequently lost by those patients, it is a matter of surprise that a fatal termination is not more frequent. However, before the introduction of the method of plugging the posterior nares for checking epistaxis, deaths from this cause were not very uncommon. In old people, bleeding of the nose from slight causes is a grave symptom, indicating degenerative change in the blood vessels, which sooner or later is liable to terminate in apoplexy.

In all annoying or dangerous cases a critical rhinoscopic examination should be made of the nares and naso-pharynx, in order to discover any local cause for the hæmorrhage, such as erosions, ulcers or morbid growths. Nearly always the physician will be rewarded for his pains by finding the source of the bleeding.

The appropriate treatment for epistaxis is of two kinds, viz., that designed to check the hæmorrhage at once, and that to prevent its recurrence. Usually, whenever epistaxis occurs in the plethoric, when it is a vicarious discharge, or when it is due to venous obstruction, as not infrequently happens in hepatic, pulmonary or cardiac disease, the physician should not try to check the bleeding unless serious symptoms supervene. But when the face becomes pale, and the extremities cold; when faintness occurs, and in all cases due to abnormal conditions of the nasal chambers, prompt measures should be adopted to prevent loss of blood. For this purpose compressing the nostrils and holding them ten or fifteen minutes until a firm coagulum has formed is one of the most simple and efficacious methods. The application of cold to the brow, the nape of the neck, or even to the feet or hands, may be equally effective; or very hot water

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may be applied freely to the nose and face with like results. Sometimes the bleeding spot may be reached by the finger passed into the nostril, and then direct pressure should be made upon it.

Having syringed out the nose with cold water, the insufflation of powdered matico leaves, alum, or tannin will often speedily give relief. Astringent sprays may be used for the same purpose, though they are less satisfactory than powders. The insufflation of a 4 per cent. powder of cocaine with sugar of milk will sometimes act promptly and agreeably. The iron styptics are most commonly employed, but they are far more disagreeable, and I believe much less effective than tannin.

One of the best means for checking bleeding by local remedies, is: first syringe out the nose with cold water, and then insufflate a powder containing a small amount of cocaine, which should be followed at once with powdered tannin. As the clot to be formed in this way must remain for several hours, it is a good plan to use iodoform with one of the other powders. After the powder has been applied the nostrils should be compressed, or they may be plugged with lint or cotton until bleeding ceases. This treatment will be effective in most cases and it has the further merit of being less disagreeable to the patient than most other methods. However, it may fail, and then more thorough anterior or anterior and posterior plugging must be employed. This latter method is effective, but is exceedingly uncomfortable to the patient, and if the plug has to remain for many hours in the naso-pharynx, it is liable to set up inflammation of the eustachian tube or middle ear. I have known of one case in which it caused dangerous inflammation of the mastoid cells. The late Prof. Gross was authority for the statement that patients have frequently died from the effects of septicæmia caused by the post-nasal tampon. Other physicians have reported as resulting from it, erysipelas, tetanus, gangrene, etc. If posterior plugging becomes necessary, it may most easily be effected with the aid of a soft

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catheter through which a double thread has been passed previous to its introduction into the nostril.

I adopt a method of plugging the nares which has proven most satisfactory and which I believe may be made effective in all cases where the bleeding is not from the naso-pharynx. I take a piece of surgeons' gauze, or cheese-cloth, an inch in width and four or five feet in length. This is thoroughly saturated with tannin, which is prepared by rubbing it up with just sufficient water to make a thin syrupy mixture. Opening the nostril with a nasal speculum, one end of the slip is folded upon itself and over the end of a probe, by which it is carried quickly to the posterior part of the nasal cavity—a distance in the adult of about three and one-half inches—after which fold after fold is carried back in the same manner, though more slowly, until the cavity is completely filled, when any remaining portion of the slip is cut off. It is necessary to carry in the first fold quickly, otherwise the coagulating blood causes it to adhere to the sides of the nasal cavities, and render the subsequent filling of the back parts very difficult. If iodoform has first been blown into the nasal cavity, or has been freely mixed with the tannin in which the gauze has been saturated, this plug may remain two or three days without danger. When the time comes for its removal the patient catches the end at the nostril and pulls it out slowly and gently.

There is some liability of crowding a part of the gauze so far that it would hang down behind the palate; but this can be easily avoided by care when the source of hæmorrhage is not far back, and it may then be avoided by tying to the end of the gauze which is first introduced a number of silk threads, one every two inches, which are allowed to hang from the nostril until the naris is partly filled. These threads are then pulled firmly enough to thoroughly pack the gauze at the back part of the nasal cavity.

Whenever the tampon is used in the posterior nares a string at least two inches in length should be left hanging from it in the *pharyngeal* cavity to facilitate its removal. It should not be

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left in position more than thirty-six hours if avoidable, and the nares should be carefully cleaned and disinfected after its removal

The constitutional remedies for checking hæmorrhage or preventing its recurrence, such as acetate of lead, ergot, gallic acid, sulphuric acid and turpentine, may be employed in mild cases, and should have a trial in those of greater severity when the exact point of bleeding cannot be ascertained. The bleeding due to plethora is best prevented by occasional saline cathartics.

In the great majority of cases of obstinate or frequent epistaxis a careful examination of the nares under a strong light will reveal the spot from which the blood escapes. When this can be detected the best method of treatment is to cauterize the spot either with solid nitrate of silver or the galvano-cautery. The latter is more satisfactory, but the former will often answer the purpose. During a few months past several cases of serious epistaxis have come under my observation, brief reports of which I am confident will be of interest to you.

Case I. A. D. P., aged about forty-five ; mechanic. This patient had been suffering from frequent epistaxis for about four months, the bleeding coming on three or four times every day, and from half an ounce to two ounces of blood being lost each time. As a result he was greatly debilitated, and unable to attend to his business. Examining the right naris from which the hæmorrhage occurred, I found the mucous membrane covered with blood; but even after cleansing it I was unable to see the bleeding point; however, I found that the blood came from the anterior portion of the external wall, above the inferior turbinated body. This region I cauterized with a flat electrode shielded on the opposite side. Two or three treatments were necessary before I succeeded in overcoming the difficulty, but then the patient was completely cured.

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Case II. A. H. H., aged nineteen; cashier. For a year he had been troubled with bleeding from the nose, about three or four times a day, losing from one to four drachms each time. As a result he had lost considerable weight, was weak, short of breath, anæmic, and suffered frequently from headaches. He continued at his business, but found the epistaxis exceedingly annoying and debilitating. His tongue was coated, appetite poor, and digestion imperfect. He had received the ordinary constitutional remedies, but without apparent benefit.

Upon a rhinoscopic examination I found the walls of the left naris covered with blood, but by wiping it away I discovered a small polypus near the middle of the middle meatus, and near it a small bleeding papillary body. Having anæsthetized the part I cauterized the polypus and bleeding point. Five days later the bleeding had not entirely ceased. I again cauterized the spot from which the blood escaped. This completed the cure, and there has been no return of the hæmorrhage.

Case III. G. W., aged thirty-three; liquor dealer. This patient had been troubled with profuse and frequent epistaxis for ten years; but for two weeks previous to seeing me the hæmorrhage had occurred about every second day. In this case the blood would sometimes spurt in a stream two or three feet from the nostril, and would often continue to flow until faintness occurred. The patient was quite anæmic and weak at the time, but otherwise seemed in good general health, and complained only of headache whenever there was a long interval between the hæmorrhages. I found also that previous to the occurrence of epistaxis he had suffered from hæmorrhoids. In this case it seemed that formerly the hæmorrhages had been beneficial by relieving plethora, but latterly they were affecting the patient seriously because of their frequent occurrence. He stated that he usually lost from one to four pints at each hæmorrhage.

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Upon examining the nares I found a small eroded surface in the left side on the cartilaginous septum, partially covered with a scale of clotted blood. The right side appeared slightly eroded, but did not show signs of bleeding. I touched the eroded surface on the left side with a galvano-cautery electrode, heated to redness, but immediately blood spurted from an artery as large as a knitting-needle, and could not be checked by the hot wire. The patient lost half a pint within five minutes, and the flow was only checked then by plugging the nostril with gauze saturated with tannin, as above recommended. Two days later I removed the plug and there was no bleeding, but blood had been flowing a little from the right side of the cartilaginous septum at a point nearly opposite that from which bleeding had occurred on the left side. When my assistant tried to anæsthetize this side preparatory to cauterization, the slightest touch started the blood. Finally I touched the bleeding points slightly with the hot wire, but immediately the blood spurted from two small arteries. I then made deep cauterizations, and finally checked the hæmorrhage, excepting slight oozing, which was stopped by the tannin tampon. The time occupied in the cauterizations was not much over five minutes, but the patient lost a pint of blood. A few days later he returned, having had bleeding again from the left side. The moment the mucous membrane was touched blood ran in a stream, so that half a pint was lost within five minutes. The bleeding points were cauterized again, and the hæmorrhage checked.

I did not see the patient again, but I have heard that he is still troubled with epistaxis. In this case the treatment was unsatisfactory, every application of the cautery being attended by profuse hæmorrhage. I have no doubt that the bleeding could have been checked from these particular spots, if he had continued treatment, and by a judicious use of cathartics the plethora might have been otherwise relieved, but I am not surprised that the patient became discouraged.

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Case IV. Mrs. H., aged about thirty. She had been annoyed by epistaxis three or four times a day for four weeks, which to her had become very alarming, though the amount of blood lost had not been sufficient to affect her general health. An examination of the nares with a strong light revealed a bleeding point on the left side of the cartilaginous septum. The mucous membrane was anæsthetized with cocaine, and the point cauterized, with the result of checking the bleeding, and at once effecting a permanent cure.

Case V. The notes of the following case were kindly furnished me by my friend Dr. J. E. Rhodes, of this city: " R J., aged seventy-three, in fairly good health, was seized with epistaxis in the middle of the night while resting quietly, the blood stream being continuous, and about the size of a knitting-needle. After a considerable loss of blood the flow was stopped by cold water applied to the back of the neck. The. hæmorrhage was controlled in like manner twice subsequently, but the third time the loss of blood was so large that a neighboring physician was called in, other means were resorted to, and plugging of the posterior nares became necessary before the hæmorrhage could be stopped. I was summoned, and on my arrival found the patient much exhausted from loss of blood (estimated at about two quarts at this time), and the friends in alarm, because efforts hitherto had afforded temporary, but promised no permanent, relief. There was no bleeding at this time, but during the next few days there were several hæmorrhages, each time controlled by gauze saturated with a mixture of tannic acid, as recommended by Dr. Ingals. This measure would stop the flow, but a few hours after removing the plug bleeding would return. Finally a thorough examination was made, and the exact bleeding spot located. No galvano-cautery was at hand, therefore at Dr. Ingal's suggestion the spot was thoroughly cauterized with fused nitrate of silver. The epistaxis was completely and permanently controlled, much to the delight of the patient, whose suffering from the posterior plugging had been in-

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tense, and who had become well-nigh hopeless of permanent relief."

In conclusion, I wish to reiterate the following points:

1. In ordinary cases epistaxis ceases spontaneously, therefore it makes no difference what innocuous treatment is employed.

2. Epistaxis in children and young adults is generally an effort of nature to relieve plethora, and therefore should not receive active treatment.

3. Persistent and frequently recurring bleeding from the nose may sometimes be relieved by constitutional remedies, but it usually demands topical treatment.

4. When bleeding is profuse it may often be checked by insufflations of cocaine, or the vegetable astringents, which may, if necessary, be supplemented by plugging the nostrils.

5. When it cannot be checked in this way, the nasal cavity should be treated with iodoform and then thoroughly plugged from the front with a strip of gauze saturated with tannic acid. This method will nearly always be successful, and therefore tamponing of the posterior nares, which is sometimes dangerous, should be employed only as a *dernier ressort.*

6. In nearly all cases the source of hæmorrhage may be detected by careful rhinoscopy.

7. In these same cases the affection may generally be cured by the judicious use of solid nitrate of silver, or, better yet, by the galvano-cautery.

DISCUSSION.

Dr. R. Tilley took issue with the author in his statement that hæmorrhage occuring from the nose was usually an effort of nature to relieve plethora. He considers hæmmorrhage from the nose as an evidence of a weak point in the nose, which should be sought out and remedied. Polypi are not infrequent in the young, and when present should be removed the same as in an adult.

Dr. H. A. Johnson thought that there were cases in

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which epistaxis might be the result of plethora. In young persons of both sexes during the period of development—that is, about the period of puberty, the blood making processes are stimulated beyond the immediate demands of the organism. The provision for added volume to the body in both sexes, and, in the female, the provision for the exigences of maternity, lead to a kind of plethora; a physiological plethora, it is true, but still the blood vessels are overloaded, and until they have become accustomed to this condition of things there is a tendency to hæmorrhage from vessels that have the least support from the surrounding tissues. It is in the nasal cavities that this lack of support is most marked, and it is from these vessels that hæmorrhage under these circumstances is most likely to occur.

His experience with argentic nitrate in nasal hæmorrhages had not been large, and the results had not been such as to lead him to place much confidence in it. He had seen bleeding surfaces blanch and the hæmorrhage cease promptly upon the application of a solution of cocaine. If introduced without undue force, he did not think the posterior tampon dangerous. Hæmorrhage can, however, generally be arrested without resort to this means.

Dr. N. S. Davis :

I do not rise to make any comments on the measures that have been proposed or the ways that have been devised for the treatment of those cases, but there are now and then cases of hæmorrhage from the nose where it has seemed to me that it was a great deal more important to look closely to other treatment than the mere local ; that when the hæmorrhage was stopped it was exceedingly important to ascertain where the fault lay and prevent a recurrence. Speaking of young females near the appearance of the menses, and of boys along during the rapid growth approaching puberty, there is a condition you may perhaps technically call plethora. But if you mean by plethora too

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much blood in the system, they are not plethoric. They are anæmic. They present an irritable, excitable circulation. They occasionally will get a most troublesome hæmorrhage from the nose, associated with excessive cardiac palpitation. In these cases there is a decided fault in the vaso-motor nervous system. I have seen some of these cases that have had the nares plugged once or twice in order to control the hæmorrhage. In others I have succeeded in controlling the hæmorrhage without plugging or the aid of local treatment to the nose by diminishing the frequency and excitability of the heart action and increasing the tone of the capillary vessels.

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VOLUNTEER PAPER.

By Seth S. Bishop, M.D., Chicago.*

Operations for Mastoid Disease.

The purpose of this paper is to increase your confidence in operations on the mastoid process. Some physicians, for whose attainments I hold the highest regard when matters of ordinary surgical experience are under consideration, have questioned the expedience of surgical interference in mastoid disease. Principles that are admitted to be unimpeachable in general practice, have been disputed when applied to the treatment of mastoid abscess and necrosis. No surgeon denies that free and early exit should be given to confined accumulations of pus, yet this correct surgical precept is not only neglected but advised against by some of our excellent practitioners. Being fortunate enough to have had a very gratifying experience with several cases in which operations were imperative and successful, I desire to impress you, as I have been impressed, with the necessity, safety and success of these operative procedures.

A few words may be profitably devoted to the subject of

PREVENTION OF MASTOID PERIOSTITIS

and abscess. I have often dissipated an incipient inflammation of the periosteum by means of counter-irritation with cantharidal collodion or essential oil of mustard, applied generously over and below the mastoid process. I endeavor to produce as active irritation as possible without vesication, and for this purpose the mustard oil is superior, although its volatile quality renders it disagreeable to both patient and surgeon. I have had numerous cases in which these remedies were not applied until after pain, redness, swelling and tenderness were marked, and yet these irritants used once or twice a

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day for a few days caused the inflammation to subside, and saved patients from the agonies of mastoid abscesses. Leeches, poultices and rest, with antiphlogistic remedies, will frequently effect the same result. But let us suppose that the opportunity for these measures is past, and that the formation of pus is inevitable, or that fluctuation is already present, what is the best course to pursue? What, but the same that we adopt in similar conditions in other parts of the body? A free

INCISION

with a strong knife should be made clean down to the bone, and from a half inch to an inch and a half long. The cut should extend over the most prominent portion of the swelled mastoid tissue, directed from below upward, parallel to the attachment of the auricle. Should no pus escape immediately it will likely do so in a few hours, and we shall have dispelled the exquisite pain by relieving the stretched nerves of their unnatural tension. Free bleeding will probably occur from the divided posterior auricular artery, but this only depletes the over-distended vessels—adds water to the fire, oil to the burn. A grateful sense of relief comes soon, and we may confidently expect all the symptoms to be ameliorated. If no caries be present the wound should be cleansed, and dressed with finely powdered boracic acid, absorbent cotton and antiseptic gauze bandage, with a drainage tube or tent in the lower end of the wound.

So far we have dealt with a periostitis, or an abscess, in the course of which the disease has not invaded the bone. Although such cases are the concomitants of suppurative otitis media they are quite amenable to the preventive and curative treatment outlined above, associated with treatment directed against the middle ear disease, so long as the integrity of the bone is not affected. Let us now pass to the consideration of necrosis and the operations for

OPENING THE MASTOID CELLS.

After Wilde's incision has been made, as described above, the surface of the bone should be thoroughly explored with a

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firm probe to discover any caries or a sinus which might exist. If there is no more serious condition than superficial caries, this should be dislodged with the chisel, gouge or curette, care being taken to preserve all the periosteum. When dead bone is to be removed it becomes necessary to make a secondary incision, extending backward, at right angles to the middle of Wilde's incision in order to get sufficient space for the use of bone instruments. When a sinus is found I make the two incisions meet directly in the sinus, dissect up the periosteum and over-lying tissues, and have the flaps retracted and held out of the way by assistants. If the opening is a small one it should be enlarged with a small drill sufficiently to afford free drainage and to remove all the diseased bone. I have found the openings effected by nature in some cases too large and irregular to admit the use of either drill or trephine. In such cases the chisel, gouge and curette are required. Occasionally one may find spiculæ of bone loosened which he can remove with the ordinary dressing forceps, with a little careful manipulation to detach it from its irregular surroundings. When there is quite a large area of bone denuded of its periosteum we may find, on pressing the finger upon it, that it gives, as though it were hung on one side by a stiff steel spring. In such a case the line of demarkation between the healthy and diseased tissue should be sought, and the division be effected by the delicate chisel and mallet. A trephine may be useful also for this purpose if one can find a firm place for its fixation shaft. In using the chisel one should be sure that it is sharp and properly shaped, and that the blows of the mallet are light, otherwise more bone than we wish to remove may be taken. It has happened to me in a case where the necrosis was very extensive that the whole lower portion of the process has given way under a dull chisel, carrying with it some healthy bone, and exposing the dura mater. The chisel was not properly tempered and beveled, and the cutting surface chipped during the operation. After all the superficial dead bone has been removed and the edges of the sinus

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rimmed out and made smooth by the conical drill, we may find the cellular tissue of the process diseased and filled with dark red, ugly looking granulations. The curette, adapted in size to the circumference and contour of the opening in the bone, should then be employed with the utmost caution to avoid injury to the dura mater, the lateral sinus, or the middle ear. Frequent stops should be made to examine the tissues we encroach upon and to determine when we reach sound parts. Small sponges used frequently will free the wound of blood so that we can make satisfactory examinations of our progress, and if the bleeding is considerable it is advisable to have an assistant syringe the cavity at every step with a warm solution of mercuric bichloride, 1-10,000, so that we shall make it impossible to remove tissues that should be left intact. In this way I have removed diseased bone until portions of the inner table were taken out, the dura mater exposed and the pulsations of the brain were visible, and yet have avoided harming the dura mater, as the subsequent progress of the case demonstrated.

In using the trephine or drill the instrument should be directed upward, forward and inward, as a rule; but the location of the sinus, if one be present, or the place selected for opening the bone, must help to determine the direction of the instrument. The pressure exerted on the drill or trephine should be very light, for fear that the outer layer may be unusually thin, and that the instrument may suddenly settle into the soft tissues beneath. The thickness of the outer layer will average from an eighth to a quarter of an inch. In children it is very thin; while in adults I have found it nearly a half inch thick.

The operation ought not to be ended without syringing the wound, cleaning out all the debris and examining the cavity minutely by the aid of strong illumination made brilliant by the concave mirror if necessary. It requires the closest scrutiny to prevent the overlooking of small particles of diseased and dead tissue. Should we not be successful in removing

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all of this, the erosion may extend and require a subsequent operation. But the necessity of a repeated operation does not perforce argue that all the necrosed bone was not taken at a previous operation. I have several times removed diseased bone from a mastoid process which had been operated on before by a competent surgeon. At each operation the most critical inspection, under brilliant artificial illumination, has satisfied all the surgeons present that no unhealthy tissue remained. But this occurred in an extremely unpromising patient of a strumous diathesis, upon whom I operated to prevent meningitis and cerebral abscess. Nearly the whole mastoid process crumbled away, and some time after the third operation I found the incus lying loose in the wound.

It is remarkable how rapidly a suppurative inflammation of the middle ear may involve the mastoid cells in caries, and how extensive the necrosis may become after a few weeks' duration. I have seen cases that were discharging pus from a sinus which had existed for three weeks only, and where the advent of the sinus was preceded by no more than four or six weeks of suppuration of the middle ear, if the statements of patients and friends were to be credited. Upon enlarging the opening I have had to scrape away unhealthy granulations and dead cells with the curette, until the mastoid process was literally converted into an empty cup, before all the products of disease were removed.

If my observations are correct, the rapidity of this destructive process is greater in children than in adults. It follows, then, that it is better to operate early, when the case requires it, to prevent extensive necrosis; and the vigor of youth renders the prognosis the more favorable.

It is a custom among some operators to leave the edges of the cut gaping, and to fill the cavity with lint, that it may heal from the bottom. I have preferred syringing the parts with the bichloride solution, dusting them freely with iodoform, inserting a drainage tube at the bottom of the wound, sewing it up and dressing it with absorbent cotton and a bandage of

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antiseptic gauze. With this treatment there is but little subsequent discharge. The case is seen daily and dressed as often as cleanliness and antisepsis require.

I have entered thus minutely into a description of this operation for the reason that it is rarely performed except by specialists, and although I have enjoyed the ample opportunities offered by the surgical clinics of New York, I never had the advantage of witnessing the operation until I first performed it. Yet I must say that the results in the first case were not surpassed by those in any other. The patient was a young man, eighteen years old, with a discharging mastoid sinus accompanying a chronic suppuration of the middle ear. The caries was extensive and the hearing much impaired. I removed all the dead bone without sacrificing any of the periosteum, and followed a course of treatment adapted to the condition of the middle ear, with the result that in fifty-six days the wound had completely filled in and healed with hard cicatricial tissue, and the tympanic disease was cured. I met the patient on the street a short time since and he stated that he had experienced no further trouble, and that his hearing was as good as ever it was before the operation.

For the sake of brevity I will give but a skeleton sketch of one or two other cases. An interesting one is a boy six years old, who had scarlet fever, followed in two weeks by an acute suppurative inflammation of both middle ears. Two months later, when I first saw him, a mastoid abscess had developed, necessitating Wilde's incision. Exploration with the probe revealed a sinus and softened, roughened bone. I was unable to obtain his parents' consent to an operation until three months later, when I operated at the Chicago Medical College. In the meantime I had succeeded in curing the suppurative process of the middle ears and had kept the sinus cleansed with solutions containing boracic acid, carbolic acid, mercuric bichloride, iodoform, the hydrogen peroxide, etc. Anæmia and malnutrition demanded tonics and alteratives, whereupon he grew fat and plethoric. At the operation it

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was found that a large part of the external layer of the process was denuded of periosteum, the bone was black and movable, and the cells were filled with very dark, unhealthy-looking granulations and pus. After removing all the diseased tissue the wound was dressed antiseptically, and in eighteen days had completely healed and the patient was well. Some weeks later, while the boy was at play with his companions, he received a blow over the cicatrix, which was followed by an acute inflammation and suppuration. A small spicula of healthy-looking bone, which the blow might have detached, protruded from the wound and was picked out. The wound then healed and opened several times, and when I last saw the patient there was a pin-hole opening and an oozing of a drop of sero-purulent discharge in the course of the twenty-four hours. There were no other symptoms.

The only other case in which the results were not completely curative and satisfactory, was the one already mentioned as a bad case of scrofula. It was a woman in whom all the lymphatic glands were enlarged; she was emaciated, anæmic, without appetite or strength, and required the most invigorating tonic and supportive treatment both before and after the operation. I should not have felt justified in operating were it not for the fact that the patient would likely have died of exhaustion, pyæmia or cerebral abscess, if the extensive necrosed tissue were not removed and the suppuration stopped. She had been operated on five months previously, but the wound had never closed or ceased to suppurate. When she left the hospital the wound was not entirely closed, and there was a slight discharge, but no dead bone. She was permitted to go to the country on condition that she should return for treatment three times a week until cured. I never heard from her again.

These two are the only cases in which the cure might not be said to have been complete before they passed from under my observation, and during the past year I have had seven patients under my care in which the operation was imperative.

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Two of these cases were operated on by my colleague at the Illinois Charitable Eye and Ear Infirmary, Dr. F. C. Schaefer.

The arguments in favor of the operation may be summarized, as follows: Three-fourths of the cases were completely cured. The remainder were benefited. None were worse for the operation. Nature's method of opening abscesses and casting off dead bone is slow and uncertain. The presence of confined pus threatens necrosis, and the presence of necrosis and pus threatens meningitis, cerebral abscess, pyæmia and death.

DISCUSSION.

Dr. R. Tilley said that he should object to the closing of the wound after operation. It might not be objectionable to close the wound after washing it out antiseptically, but in his opinion it would be better to allow it to close by granulations. He had used iodol instead of iodoform in his practice, on account of its absolute freedom from odor. In other points he could sustain the author in his remarks.

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REPORT OF THE COMMITTEE ON LEGISLATION FOR THE INSANE.

WALTER HAY, M.D., CHICAGO, CHAIRMAN.

I have but a word to say in the way of a verbal report from this committee. A detailed report was made at the last meeting, indicating the status of the subject at that time, that a bill had been introduced and had reached third reading in the senate on its passage. The bill is now before the legislature. We can do nothing more than to concentrate effort and to invite members to use their influence to secure the passage of the bill. This can be done by personal solicitation and correspondence.

DISCUSSION.

Dr. J. G. Kiernan said he had understood from doctor Hay that the proposed act extended the powers of the State Board of Charities. Against this proposed increase of power he would enter a most emphatic protest. The board had shown itself capable of violating the law and incapable of exerting the powers it at present possessed. It was shown in the investigation he had brought about in 1885, that although the law ordered the board to visit the county institutions annually, it had not visited these institutions for years. Although evidence of starvation, freezing, and brutality, immorality and drunkenness on the part of the superintendent, warden, commissioners and employes was quoted in its report of that investigation, it openly exonerated the commissioners and their employes in that report from any intentional cruelty. The secretary was not a medical man, but a clerical politician who fully exemplified the truth of Macaulay's remark that "the worst politician is one made out of an impious priest." The board should be reorganized before being intrusted with any

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increased powers. The part of the present law relating to the commitment of the insane certainly should be modified. It was conceived by a lunatic and bore very decided traces of its origin. Judged from a merely legal standpoint it was an absurdity; the "trial" prescribed being not a trial but an inquest preliminary to an unknown something not defined by the law. It exposed family secrets to public view. It liberated dangerous lunatics, and was a frequent cause of murder, yet. prevented prompt treatment of insanity. It gave to a blatant demagogue judge powers it denied to reputable physicians. Under it ignorant medical politicians, ineligible to reputable medical societies, could dictate to reputable practitioners. The judge sometimes stood the witnesses up in a row, and asked them all at once a categorical question, to which the sworn chorus responded. The law was brutal, and from every standpoint a disgrace to the state whose criminal practice in regard to the insane was a model to all the English-speaking countries. That it did not prevent improper incarceration was obvious from a recent case in which the superintendent and warden of the Cook county insane hospital falsely certified that the brother-in-law of a politician was an inmate, although he had never been committed by a jury. The portion of the proposed act relating to the commitment of the insane should be approved by the society, but the rest deserved condemnation

Dr. E. P. Cook said that this was a subject that had interested quite a number of members for several years. With the knowledge that in our state there existed one of the most objectionable laws for the commitment of the insane in this country, or any other, a committee was appointed in this society, quite a number of years ago, to bring about a change in that law. The bill before the legislature is that of the State Board of Charities. There are objectionable features in the bill, yet it is so much an improvement over the old law, and so nearly a copy of the New York law, as to make it very much to be desired. As he understood it, the opposition to the proposed bill came largely from the legal

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element. But that there should be found any one in the ranks of the medical profession who would throw obstacles in the way of reform, was to him a matter for surprise. It had been said that this law could not be passed in twenty years. The opposition to the law, where it came from the ranks of the profession, was from private spite or malice. But, as members of the society, every one should do all in his power to secure the passage of the bill. Personal communication, memorials, all would be of some effect. It is a disgrace, he said, that our state should live so long under the work of a lunatic.

Dr. J. H. Hollister asked if there was any action that could be taken by the society that would be of benefit in advancing the interests of the bill before the legislature.

Doctor Hay replied that, as the result of various conferences by the committee, it was concluded that the best method to obtain the passage of the bill was by direct influence on the members. He believed that any memorial that might be presented would have but little weight.

Dr. G. W. Jones thought that the strongest element possible to be brought to bear for the early passage of this bill would be personal solicitation of members. In his district he would pledge the vote of every representative, and in correcting a passing remark, he said that part of that delegation were lawyers who acknowledged the merits of the bill.

Dr. E. Ingals thought there was some lack of knowledge among the profession in relation to the bill. He wrote to one member of the legislature, who replied that there were two bills before that body. He would like to know which bill it was proposed to help along.

Dr. N. Bridge agreed with doctor Ingals as to the lack of knowledge on the part of the profession throughout the state on the subject. He had the draft of the bill given him by doctor Hay, but had never before seen the bill, and was sure the only draft of a bill he had seen was one sent to the

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profession about two years ago. It was nothing more than relating to the admission of the insane. He thought it could be safely stated that the profession as a whole was ignorant of the bill. I don't know that it could be put in a worse position by passing a resolution, when the chief measures they have endeavored to have enacted by the legislature are mostly to simplify the admission to asylums. It is the jury system that is objectionable, and the bill of two years ago provided that where the friends did not demand a jury trial it might be waived, and the patient admitted upon the certificate of two physicians appointed by the county court. Section 578 of this bill embodies this provision. Under the present law it is surely true that when the county judge allows a private trial he feels that he is overstepping his bounds. There can be no doubt that on this section of the proposed bill the profession are united. He believed that it would do some good for the society to take some action concerning the section, and by personal solicitation urge the passage of such a law as would simplify the admission of the insane into insane hospitals. It is possible there are other objections to the bill which might kill it, but it could be amended on third reading so as to secure the proposed change.

Dr. E. A. Kilbourne was in favor of the proposed bill, but it was buried under three or four hundred other bills and had no probability of passing. There are objectionable features about the bill, especially the clause relating to penalties for securing the admission into asylums through prejudice. The law in its present state would be as objectionable as that in Pennsylvania. No physician in that state will give a certificate of insanity. The matter should not be hastily disposed of. If it could be well considered during the coming two years, and some of the objectionable features removed, it would be much better for the profession.

Dr. E. Ingals thought if there was no probability of the passage of the bill it would be well to have it printed and sent to

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every member of the profession in the state that they might consider the proposed changes.

Dr. C. W. Earle thought if there were so many errors in the bill, and so many objections to it the committee should get together with the asylum superintendents, and frame a bill which would meet the wants of the profession. The matter was of the greatest importance.

Dr. N. S. Davis moved that the committee be continued and two members added, and that the committee be charged with the work of securing a simplification of the methods of admission to insane hospitals.

Doctor Bridge moved the following resolution which was adopted:

Resolved, That this society heartily endorses the provisions of the bill now before the legislature providing for the commitment of the insane in certain cases without trial by jury, and asks the legislature to enact these provisions at least.

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REPORT OF THE SPECIAL COMMITTEE ON DISEASES OF CHILDREN.

GEORGE WHEELER JONES, M.D., DANVILLE, CHAIRMAN.

In compliance with your request that I prepare a report upon the diseases of children for this meeting of the society, I arranged for distribution a circular containing the following series of queries:

1. Has there been much sickness amongst the children in your county or district during the past year?

2. What have been the prevailing diseases, and what has been the general type of such affections?

3. Have you had, in your county or district, any outbreaks of any of the contagious or infectious diseases of children? If so, what diseases, and their probable origin, general character and extent?

4. Have you used, in your treatment of children's disorders, any new line of management seeming to give more favorable results than other plans previously adopted? If so, will you please give detailed statement?

5. Do you believe the state legislature ought to make an appropriation of a sum of money sufficient in amount to defray all expenses connected with investigations covering the subjects embraced in "Infant mortality, its causes and reduction," and "The contagious febrile diseases, their prevention and cure?"

This circular letter I sent, during the month of February, this year, to two or more physicians in every county in the state. I received in reply kindly letters and answers from almost everywhere. Since the opening of the session Dr. DeWolf, the Health Commissioner of Chicago, has cheerfully given me access to statistics in his office which enables

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me to make my report more complete. I take this occasion to thank him, and also all who have rendered me service; the names of several to whom I am especially indebted I append to the report.

About twenty-five per cent. of the reports represent an increase of sickness amongst children. The remainder, either no increase or a decided diminution in the usual amount of pædiatric practice. I believe that under the beneficent influences of tiling, general drainage and the medical practice act, this great state is becoming one of the most healthful in the union. The counties in the south-western portion of the state, especially in the lower bottom lands of the Mississippi valley, and also those representing the lower altitudes of the interior were the most involved in an increase of children's disorders, and also in a more asthenic type of disease. Excepting the contagious and infectious disorders, the chief increase, and the general line of disease, consisted in bowel complaints last summer, with respiratory disorders during the winter; all more or less characterized and influenced by the elements of malarial toxæmia. As a rule, the various diseases have been asthenic in type, although in a few damp or badly situated localities a marked severity and fatality has attended the different grades of sickness. There has been an unusual prevalence of rheumatism during the past winter, two or three reporters calling especial attention to the same; and I am inclined, from my own observation, to believe that very young children are far from exempt from this disorder to the extent that is generally supposed. In the cases of children, the heart is almost always involved, but owing to the rapid nutritive changes of earlier years a large proportion of cases seem to entirely recover. As one of the sequelæ of scarlatina I have observed this complication myself in some nineteen cases, mostly children who were able to localize their sufferings and explain their feelings.

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With but one exception every reporter mentions the presence in his county of some one or more of the contagious or infectious disorders,—in some localities only isolated and sporadic cases, the spread of the disorder being promptly prevented, but the epidemic *influence* seems to be prevalent all over the state. From some sections one reporter would mention one or two of the more common contagious affections as having prevailed to some extent, while a neighboring practitioner had seen none, and might doubt the existence of all. Dr. J. H. Maxwell, of Jasper county, says "a well marked case of diphtheria has never been known" in that county, while "a scarlet rash" was very extensive and severe from October to December, inclusive. Further advices from Dr. Maxwell and some additional investigations of my own would seem to lend force to the opinion that this county owes its freedom from diphtheria to its favored location upon both banks of the Embarrass river—the absence of low, marshy districts, and the general non-existence of sources of soil and air pollution. The people seem to be an intelligent, well-to-do class, who are constantly improving in their civilization and better sanitary surroundings, which is not always indicated by filthy sewers and nasty manufactories.

All over the rest of the state the usual contagious and infectious disorders have been more or less prevalent, but generally in a mild form, excepting in a few localities, where the requirements for soil saturation and atmospheric humidity existed in excess. Some years ago the writer reported to your honorable body that, unless special legislative, municipal and private measures were speedily adopted to prevent the same, the possibilities of some one or more of our various epidemic disorders becoming endemic, were more than imminent—were certain! That time has certainly reached us. Much was hoped for from tiling and draining of lands, and the future will see great results in improved healthfulness in many districts from this source; but at present even that to-be-beneficial

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measure is adding its own train of evil influences in an intensification of malarial disorders in localities where the tile water is carelessly used for domestic purposes; and this is far more general than might be supposed; Dr. Howard, of Champaign, in particular emphasized this point as a most clearly defined one in his field of observation.

As to the general contagium, my own county is a fair specimen of the state in an entirety; perhaps a little better than the average—portions of every county being entirely free from serious or contagious diseases, and other parts, owing to local causes, being affected to a greater or less extent. Scarlet fever, during the past year, has been absent from Danville for only a few weeks at a time. Fatal cases were few, but when they did occur have been so startling in their accompaniments and severity of symptoms as to shock the entire community. Such, I gather, has been the case in all the localities in which this disease has made a manifestation. And just here I wish to enter my protest against that morbid, insane notion amongst a large part of the profession—a notion that has its origin too often in envy, and its motor impulses in malice (found seldom, if ever, in the upper ranks of our calling, thank God!) which compels its possessors to refuse to admit a case of scarlet fever, or diphtheria, or other serious disease, in the hands of a neighbor unless the case should die, when its imagined mismanagement becomes the chief topic for remark. This is one of the prominent factors in perpetuating these grave diseases—one cause of the failure in their prompt suppression, as little effort will be made toward the eradication of a malady which a number of medical men, who have not seen a case, (nor any of any kind often) intimate does not exist. In Vermillion county, the disease under consideration has run a very mild course, but still persistent until during Feburary a hybrid rash, difficult of diagnosis and trifling in character, made its appearance. It was called scarlet-rash, rotheln, German measles, and epidemic roseola by different practitioners as fancy seemed to suggest; occasionally a case would be severe,

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or would be followed by the sequelæ of scarlet fever; it lacked the post auricular swelling of rotheln, supposing the latter to be a distinct affection. All classes and conditions were attacked. The same eruptive disorder has prevailed over a large part of the state, Chicago being especially broken out. In the latter part of February a young man, direct from Canada, with rubeola, was quartered at one of the principal hotels of Danville; a family boarding in the house contracted the disease, and to-day, through carelessness, it prevails all over the community in a severe form; one of our leading surgeons having very recently lost a child. About ten days ago a case of whooping-cough was brought from Chicago and its germs were scattered, before any medical man was consulted as to its character, although there are hopes yet of stamping it out. Last week four cases of diphtheria in my own practice are pointing toward the possibilities of the near future as they have arisen concomitant with an easterly wind laden with foul odors from the refuse and sewage of extensive manufacturing establishments and cattle pens within and closely adjoining our city limits. I would respectfully invite the Secretary of the State Board of Health to visit our town *now* or a little later; he made us a visit last winter when everything was frozen solid and very lovely in its freedom from offensiveness. (While this report is passing through the press, Dr. Rauch has called and the benefits are already apparent).

Diphtheria seldom if ever arises, I believe, except in cases where the vital forces are reduced by the action of a vitiated atmosphere lowering the tone of the entire organism. I suppose it is now well established to the thoughtful mind that bad sewerage and waste accumulations have more to do with the origin of this disease than anything else; it is essentially an asthenic disorder requiring a clean air for its prevention, thorough cleansing and full nutrition for its cure. I believe that in every case of a preventable disease some one ought to be held financially responsible, and for every death from a preventable disorder some one should be held criminally respon-

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sible. The charging of disaster and disease to God, of success to men, will only bring Deity into disrepute while it saves no lives. If a responsible party brings a case of pleuro-pneumonia or glanders where other stock may become infected, he is held liable at law for the consequences. If sparks from a passing locomotive fire a property, the railway company is held liable at law. Should not human life be equally sacred with that of horses and steers? Are not human constitutions as valuable as fences, and barns, and structures of wood? I feel certain that when the responsibility for these things is placed where it belongs, and public sentiment insists that full atonement shall be made, then may the dreams of the enthusiastic disciple of preventive medicine be fully realized.

Two or three reporters have merely referred to rheumatism as prevalent in their vicinity. I would call the attention of the society to this fact, viz., that in the past quarter of a century I have never known rheumatisms to be so generally prevalent in old and young as during the past year. The causes seem to be climatic and meteorological, acting upon systems with an inherited or acquired weakness, and lowered eliminating capacity. The late war and the overstrain of the age may have much to do with it. I have met the disease in a great many children, and have found the best treatment by all odds to consist in salicin and the phospho-iron preparations, the former of which I used in this disease long before I heard of Maclagan. My first experience with the remedy being in the low lands of North Carolina in 1865. And this brings me to a rapid consideration of therapy in children's disorders, the general average of a low death rate, indicating either a mild type of disease or general good management; *e. g.* in Peoria Dr. McIlvaine reports six hundred cases of scarlet fever, with eight deaths; fifty cases of diphtheria with twelve deaths, and this has been the usual per cent. although this death rate is pretty high for diphtheria, indicating a greater intensity of morbid action than in my own vicinity and in many other

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places. Medical journals are full of suggestions in therapeutics, some wise, some otherwise, and but little new. From brethren over the state but little that is new or unique has been received. Dr. Katherine Miller, of Lincoln, while reporting a good deal of scarlet fever, says she used with very satisfactory results solution sulph. zinc (1½ to 3 gr. to the ℥) in ʒi doses every hour or two throughout the case. In pertussis Dr. H. C. Howard, of Champaign, uses sprays and inhalations of carbolized and camphorated cologne, bichloride of mercury and sulphurous acid vapors. He has had many severe cases and found by experience that the bichloride spray is the best for infants. The sulphurous acid vapor gives the best results in adults, and he uses the medicated cologne at night by inhalation from a sponge or handkerchief. It is my own experience that whooping cough may be promptly cured by persistent inhalations, sprays and insufflations of antiseptics for a few days with full doses internally of grindelia robusta and hydrastis. I do not confine myself to any one article in using sprays, vapors, etc., but for insufflation I would especially commend boric acid powder as both elegant and efficient.

Dr. Van Horne and Dr. Du Hadway of Jerseyville, in all febrile disturbances of children, speak very highly of antipyrin, but they have of late been preferring, because of its cheapness and almost if not quite equal efficiency, "acetanilid," which is the "antifebrin" of other observers. The dose is four to sixteen grains, according to age. Dr. Van Horne writes: "I do not think the acetanilid is as reliable in *every case* as the antipyrin, but it is much cheaper; will generally act as desired, and does not depress the patient as the antipyrin does sometimes." So far as my own work goes I have found little that is new to offer. In a previous report to your society I presented the claims in diphtheria, of antiseptics, tinct. iron, quinia, pilocarpine, etc., in appropriate cases, and given as the various stages and characteristics of each case demanded. I have seen nothing to change my views and treatment, but much to confirm them. I am afraid of bichloride of mercury internally

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in diphtheria, having seen sad results in the hands of others, but I have had excellent results using it in a spray (1 to 4000), although I prefer "listerin," which is safer and equally efficient. I never disturb the local disease with swabbing, etc., as I have found such course both dangerous and useless, every portion of the diseased tissues being within the thorough reach of other procedures less harmful.

Intubation in extreme cases of dyspnœa, as presented to us in the improved methods of Dr. F. E. Waxham, certainly offers a chance for life to many an otherwise hopeless case; the operation is now on trial, and seems to be growing in favor as a substitute for tracheotomy. In low types of all these epidemic disorders I use carbonate of ammonia in full tolerant doses, having been led thereto by the earnest teachings of Dr. Erasmus Wilson, who believed it to be a specific in scarlet fever as quinine is in ague, and tinture of iron in erysipelas. I have certainly seen some remarkable results follow its employment—results that seemed hardly due alone to its stimulating properties. Still, as all contagious and infectious disorders tend to recovery where the eliminating processes are normal, it may be that a support which will tide over a stage of exhaustion is all that is needed. I recommend it with confidence and earnestness. I am very fond in all depressed states in children of administering the nutrient tonics in the various forms of the hypophosphites, often commencing early and giving them invariably in later and convalescent stages. One of the best of these compounds is that prepared by the Phillips Chemical Co., being very palatable and uniform in composition, and in all medication of children it is well to make remedies as pleasant as possible consistent with potency.

I have already referred to the treatment of pertussis, and would only say in addition, that when called to late stages, or in cases of great nervous depression, with exhaustive persistent cough, I have found nothing equal to the chloride of gold and sodium, with nutrient tonics. Asepsis is the proper treatment for children's diarrhœas in the vast majority of cases. I am

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preparing a paper upon this subject for the children's section of the coming session of the American Medical Association, where I will try to clearly express my views. Suffice to say here that I have pursued the plan, for some twelve years, of treating the summer bowel complaints of children with antiseptic remedies, and with remarkable success. My resort to the course grew out of a thoughtful consideration of the views of my honored preceptor upon subjects connected with children's disorders, and to which I had listened before experience enabled me to grapple and apply them in their wide significance. We often speak and hear more than we realize at the time. To every one engaged in the treament of the disorders of children, I say most earnestly, attack the cause—nature will care for the result, as a rule, with very slight assistance.

In the strumous and tubercular troubles of children I have learned little that is new and worth recording. The applicability of "Bergeon's enemata" in some of the pulmonary troubles in this class of subjects has of course been presented to my mind, but not with sufficient force to remove the impression that the whole idea is largely gaseous and intangible. Still an expression or two used by Bergeon himself and his immediate disciples, an expression like this: "The introduction of a volatile substance into the digestive canal below the œsophagus may be eliminated through the lungs," etc., would continue recurring to my mind. It is an old fact, of course, as all know whose friends drink whiskey and eat onions; but its iteration in the mind caused a hope and a new view of some things, especially as Dr. H. C. Wood is giving sulph. hydrogen by the stomach in carbonated waters. True to an instinct to do, of two things, the least unpleasant one to all concerned, I selected Sanders' volatile eucalyptol and administered it by the mouth in a few cases of chronic trouble of this type in young children with the happiest effect. I also administered it to a young woman in an advanced stage of phthisis with a resulting temporary improvement in all the symptoms, which beneficial change extended over several

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weeks, to be followed by a slow decline to the grave. The principle is the same—the process less annoying and disgusting, and I believe equally efficacious. With iodoform inunctions for tubercular meningitis, and sulphuretted hydrogen enemata for tubercular phthisis, I honestly believe that two of the extremes of nauseous medication have been reached, and the opportunities in the Hahnemaniac department, under the benign influences of the state board of health, for recovering any ground it has lately lost, were never brighter. Whether the inunctions referred to will accomplish any more than equally well directed inunctions of pure butter, lard or cod-liver oil is a question of serions doubt, and will require most positive proof before acceptance. "Skeer's diagnostic symptom" for tubercular meningitis is worthy of being noticed, although its value is a matter of skepticism to many observers, as not essentially pathognomonic. When present it is worth a careful study for its rarity, at least. The chairman of the committee on medicine has already carefully explained the nature and character of this symptom. Mesmerism has been suggested by some writer as worth considering in the treatment of that exceedingly common neurotic habit of children—onanism; but the remedy is one to be used with the greatest caution and watchfulness, as possibly entailing a more deplorable condition than the one supposed to be cured.

In the treatment of convulsions, pilocarpine has come to the front as one of the most valuable and available of remedies: its excessive action can be promptly controlled by atropine at any moment that may seem necessary. As an antipyretic the tepid bath (90°) slowly reduced to 70° and rather prolonged is acquiring a deservedly high reputation as the best and safest of the hydropathic measures for controling fever; and just at this point I would suggest that in the taking of the temperature in young children I have found the "avitreous thermometer" "perfectly lovely," as our lady members would say. It is a neat little toy in appearance, indestructible in ordinary handling, entirely re-

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liable, and can be used with children when they would permit nothing else to come near their body. Some one—I do not know who now—has suggested, in unruly subjects, that the temperature be taken with a falling thermometer, *i. e.*, raise the column to 108° or over by external heat, introduce a moment and quickly observe where the column of mercury becomes stationary. Several objections to this plan will readily suggest themselves to those of my audience who are at all familiar with the use of the thermometer.

A new treatment for the cure of prolapsed rectum in children is to paint the extruded parts with a weak solution of argenti nitras: reduce the gut and introduce a bit of alum high in the lower bowel; draw the nates together with plaster, constipate a few days and then open the bowels with care. I will give you a better plan which has proven perfectly successful in a number of cases in which I have tried it. It is as follows: Reduce the prolapsed portion with care and allay temporary tenesmus by a few drops of solution cocaine or other good anodyne introduced with an ordinary "medicine dropper;" follow this by a "dropper" full of equal parts of sol-hydrastis and bismuth and conct. distilled ext. of hamamelis, which may be repeated two or three times daily for a few days. For some weeks require the child to go to stool upon a board or seat in which is an oblong hole barely wide enough to admit of the free passage of the fæces. Upon such a seat no child can possibly strain in defecation and the cure is soon complete. This straining often becomes a vicious habit which is three-fourths of the disease. I offer the further hint that the same course will cure many a case of hæmorrhoids in children of a larger growth. And now, before I proceed to the final topic of my paper, permit me to ask of the society that you carefully consider the propriety of making the committee on diseases of children a regular standing committee from which an annual report will be required. It will cover many subjects of great

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importance. It has been erected into a separate section in the American Medical Association, and I think most certainly deserves the action I bespeak for it.

During the past two or three years the daily press has taken occasion at irregular intervals to assail somebody or other with earnest, often argumentative, often impertinent editorials upon the helplessness of mankind in general, and the medical profession in particular, in dealing with the great problems of epidemic, contagious and infectious diseases as met with in man. As seen in the lower animals, their course is less Quixotic and more in accord with reasonable considerations.

Wishing to obtain the general sentiment as to the advisability of legislative action and legal effort in such matters, I addressed to my correspondents the final question on my list, and of all the queries it is the one receiving a most definite answer. Ninety per cent. of the replies were unqualifiedly "Yes." Four answered "No, it would do no good." Three suggested that the present laws had better be enforced before we rushed into additional legislation—one, a disciple of Malthus, believes we are already interfering too much with the great law of the "survival of the fittest," and the remainder say "Yes" with various qualifications as to guarding the matter so as to obtain the greatest benefit. There is, as you thus see, a strong sentiment in favor of the state in some way taking hold of a matter that is of such vast interest to the public welfare. If we are to succeed in efforts of the character suggested by the question it must be done under countenance and support of law to be successful, as innumerable circumstances will arise in which the pursuit of the truth will be rendered hopeless unless a fear of consequences shall deter the opponents of progress from interference. And then, again, some of our most capable and efficient investigators are barred from successful work in their chosen departments because of a financial inability to overcome the demands of their environments. How easily and how well this great state could assist such a work and

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worker, makes itself apparent in the history of medicine in other countries. One name fresh in the minds of all of us needs only to be mentioned to illustrate the needs of this side of the Atlantic.

I refer to Koch whose great fame has grown out of work begun in a quiet town under the auspices of a government whose pride in the success of her citizens is only equalled by her readiness to assist them in every worthy object. Under the expansive growth of the laws we already have, very little change would be needed to cover the entire field embraced in the question propounded, and when such changes and results can be obtained by earnest effort, is it not the duty of every one of us to do all in our power to secure everywhere in the state the full enforcement of the laws we have that the benefits flowing therefrom may stimulate our legal authorities to a grant of further power and higher privileges. I am delighted to observe so unanimous an opinion that the state has a duty to perform in the premises; and whether the end is accomplished by special appropriations for special work, by the appointment of special commissioners, by leaving it in the hands of the State Board of Health, or by the selection of special workmen in particular fields, I earnestly pray that the whole matter may be kept out of a bath in the dirty pool of politics, and that the wisdom of our profession may be united in the development of more perfect plans in each succeeding year, by which the strong and capable arms of our governing powers may enfold the little ones in a protection at once tender and unfailing. If our present laws are sufficient to stamp out preventable diseases, and I believe they are, if properly construed and enforced, for God's sake and for the children's sake, let us do our best to see that they are complied with. If they are *not* sufficient let us demand the prompt enactment of some that are. The lives and time that are lost every year to the state by the presence of these disorders would amply repay, if saved, for the utmost possible liberality of expenditure in directions suggested and in the prompt enforcement

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of the laws we already have; laws that are violated every day in a selfish indifference to sanitary requirements and regulations binding upon all human beings who assume the responsibilities of being a neighbor, of living in a community, or associating with their fellows in any way.

In this struggling, grasping, money-getting age the selfish indifference of everybody to everybody else is simply appalling. We doctors, standing by right of our opportunities for observation upon a plane above the people, understanding their needs and their dangers better than they do themselves, will be held fearfully responsible for every mistake we may make—for every false step we may take, and for every failure we permit, as the trusted conservators of health and physical improvement in its steady advancement toward the perfect man—into the millennial community—the final goal of the ultimate survivors. We have other things to do beside looking at tongues, feeling pulses and pocketing fees. It is ours to be true to our titles of doctors—teachers—and in being true to instruct the peoples in the laws of life and of health—of decay and of death; as they understand their needs more fully, they in turn will give to us the legal enactments we require to save them from themselves.

Appropriations of the character referred to should of course be carefully guarded from misappropriation and misuse. The *best* course to be pursued would require careful consideration and great good judgement; but when the profession in its various departments finds itself ready to fully sustain the authorities, state and municipal, in these efforts for public protection in our own chosen fields of labor, it will find the great people ready to do their part in the premises if they can be assured that their efforts will not be rendered nugatory by our own interprofessional jealousies and quarrels; the sad consequences of which we can see in the delays of important legislation for which we are now appealing. Again asking you that the children may be placed under the care of a regular standing committee, I thank you for your attention and patience.

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To all the medical gentlemen who so kindly responded to my circular I hereby tender my sincere thanks, and I wish to especially acknowledge my obligations to those named below, viz.: D. S. Booth, Sparta; A. Wetmore, Waterloo; W. West, Belleville; L. C. Toney, Ariston; W. S. Marshall, Centralia; I. L. Barr, Bridgeport; J. M. Barlow, Jasper Co.; J. W. Dora, Mattoon; L. White, Winchester; F. Lock, Belleview; J. H. Leddie, Pittsfield; F. J. Shipp, Petersburg; C. Chenoweth, Decatur; J. Wright, Clinton; E. Birney, Champaign; C. T. Orner, Bloomington; R. P. Jennings, Delavan; J. G. & G. W. Zeller, Woodford Co.; J. S. Whitmire, Metamora; Wm. H. Veach, Carthage; W. T. Hall, Toulon; E. H. LeDuc, Kane Co.; J. P. Anthony, Sterling; C. C. Hunt, Dixon; D. C. Foote Belvidere; B. F. Crummer, Warren.

CONTRIBUTION TO THE REPORT OF SPECIAL COMMITTEE ON DISEASES OF CHILDREN.

By Farinda J. Shipp, Petersburg.

The Care of Children.

[Dr. Shipp's paper with the first proof was sent to her for revision and correction, but had not been returned up to the time of going to press, and is consequently omitted.]

DISCUSSION.

Dr. E. Ingals :

On a few subjects embraced in this report I would like briefly to claim your attention. One is the bathing of infants. When practicable, healthy infants should be bathed every day. True, the surroundings of many mothers will not permit this to be done, and children live and grow well with a less scrupulous care of the body ; yet a full bath every day is desirable. When the skin is thus treated it is kept in the most favorable condition for the performance of its physiological functions. As a rule, the human body is not kept clean enough. Cleanliness is the best antiseptic we possess,

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and of a truth, is akin to godliness. In the treatment of pertussis there is one combination which was not mentioned by doctor Jones, that I have found to be of greater benefit than anything else that I have used. I prescribe one grain of the hydrate of chloral, with one thirty-second of a grain of the sulphate of morphine, for a child five years old, directing the dose to be repeated as often as it is found necessary to control the cough; and once, twice or three times daily will be found sufficient. The remedy is most effectual after the disease is fully established. I do not give anything during the initial cough, which generally covers a period of about two weeks. Pertussis is a neurotic disease, and the medicine obtunds the sensibility of the nerve centers. In treating the diarrhœas of children—from which there is always such a large mortality—I think an error is often committed in the too free use of astringents. In this condition of the bowels I rely chiefly on laxatives and rest, with the guarded use of an opiate, when necessary to allay pain and irritation. The diarrhœa is often an effort of the system to relieve the bowels of an offending substance. Things imperfectly digested, or irritating secretions are there, and the bowels should be aided to throw them off. For this purpose I know nothing so good as castor oil. The therapeutic effect of this, too, is anti-inflammatory, for it depletes the vessels of the mucous membrane of the bowels. After the bowels are empty they should be left at rest. Rest for sick organs is as essential as it is for those that suffer injuries that fall to the sugeon's care. Food should be withheld, instead of being forced upon the stomach, as is often done. Under the influence of modern teachings the sick are fed too much; and especially is this true when it is the digestive organs that are involved. It is not what is eaten, but what is digested and assimilated, that gives strength. If not assimilated, the food taken becomes an element of disturbance and consequent weakness.

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Dr. Robert Tilley:

There is one point in Doctor Jones' paper that I would like to have ventilated a little, and that is the matter dignified by the name of "Skeer's symptom." I know but little about the sign, but have made repeated efforts to get as much information on the subject as possible. When the report was brought up before the Pathological Society of Chicago, a committee was appointed to investigate this particular sign, and as I understand, at that time a typical case was referred to as being seen at St. Luke's hospital. I made the best possible effort to see the case, but learned that the child had considerably improved and left the hospital. This, I believe, was the only case that the committee had an opportunity of investigating. I refer to it, because I think too great importance has already been attached to "Skeer's symptom." We have Argyll Robinson's symptom, which is well established, and it would be unwise for us to foist this supposed peculiarity upon the medical profession without a good deal more evidence than we have at present.

Dr. Harold N. Moyer:

I would like to make a few remarks in reply to Doctor Tilley. I wrote the report of the committee of the Pathological Society, to whom Doctor Skeer's paper was referred, and, perhaps, I am responsible for the term "Skeer's symptom." At the time the committee had the matter under consideration they did not have an opportunity of observing any cases of undoubted tubercular meningitis. One case (a child) in St. Luke's Hospital was declared by Doctor Skeer to be typical in its appearance; but it was placed by him among that class of children which have a whitish ring about the pupillary margin of the iris, and are scrofulous and cachectic. This ring persists in these cases and does not undergo the color changes which constitute an essential feature of the symptom. I ransacked the literature of the subject thoroughly, and could find no reference to this particular condi-

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tion. Doctor Block, of Vienna, than whom no greater authority on the pathological anatomy of the eye exists, wrote me that he had never seen nor read of this condition. He concluded from the description and drawings sent him that it might be due to an inflammatory exudate which subsequently became changed in color by the transudation of the blood coloring matters. He further thought that the changes were not due to any specific inflammation of the iris, but were probably due to variations in intra-cranial pressure. Not having an opportunity of examining the particular case, he did not wish this to be taken as an opinion, but merely as a suggestion. As the status of the symptom is doubtful, and its ætiology and basic pathology can only be conjectured, the committee decided to use the term "Skeer's symptom" until a better and more descriptive one were found.

Dr. C. W. Earle:

Concerning the epidemic of measles in this city, we have had a very great number of cases of measles, an epidemic of German measles and a few cases of varicella, the severity of which I have never witnessed before. Regarding the measles, I think there has been a tendency to a second attack. Regarding German measles, a few years ago I presented a paper to this society on this subject. I based that paper on the occurrence of an epidemic in this city. I believe that since that time there have been every year a few cases, but this year there is a larger number than ever before. In a considerable number of the cases of the epidemic measles I have been unable to tell exactly where to place them. In a few cases I was able to state it was not scarlet fever and not ordinary measles. I have attended children who have had the ordinary measles, say, last year, and this year have the German measles. The epidemic has been very light with us. There has been in many cases simply a very little sore throat, slight change in the color, with disappearance of all the symptoms in a few hours, and with no enlargement of the post-auricular glands. In these cases I have been at a loss where to place them.

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Dr. J. G. Kiernan:

One point has been raised in the paper of Doctor Jones which deserves special attention, and that is the medico-legal aspect of the question of the necessity of a law holding somebody responsible for the communication of disease. We have now in our common law a sufficient remedy and one which can be enforced. The latest instance occurred in Massachusetts, where a woman and her daughter became ill from typhoid fever from the unsanitary condition of the premises. They removed from the premises, sued the landlord and recovered damages. So under the common law there is sufficient legal redress in cases of this sort.

Dr. A. H. Foster:

My experience this year has been that of a large epidemic of measles with a very typical initial appearance of the papular stage, like that of small-pox, and then spreading out into the rash of measles. The whole course of the disease has been very typical and quite severe, but with no after difficulties. Following many of these cases in about three to six weeks were seen several cases of German measles, but without this symptom of post-auricular enlargement. In many the eruption was certainly typical with the exception of this enlargement, though in several there was a long period of convalescence, and attributed to the fact that the system was debilitated by the previous attack.

Dr. G. W. Nesbitt:

I would like to say a few words about German measles. The remark of Dr. Earle would rather lead us to think that we could not have German measles without this special symptom of the enlargement of the post-auricular glands. At the present time, and for the last two months, there has been an epidemic of measles in our town. In some instances there have been three or four cases in the same family, and I have found these enlargements well marked in some cases, while in others in the same family, and occurring at the same time, there was no enlargement. So I conclude that we may have true German measles without any post-auricular enlargement.

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Dr. J. H. Hollister:

The physicians of Chicago have seen some cases of German measles and some cases of repeated measles in the same patient. The epidemic has been the most widespread of any in the history of our city. I would like to know how widespread this epidemic has been throughout the state. The epidemic influence has been of a very light character. In some cases it has been co-existent with mumps. I remember one case in which the development of the mumps and measles culminated on the same day, and I have never seen another instance of this kind.

Dr. E. L. Herriott:

In the epidemic of German measles in our town last year the cases were very light, in many instances requiring no treatment at all. This year the epidemic of rubeola has been very general, with many grave cases, occasionally proving fatal where there were complications.

In a few instances the patients have, undoubtedly, been the subjects of a former attack of *genuine rubeola.*

Dr. A. E. Goodwin:

I have been hesitating whether I should say anything on this subject. One point in particular I would refer to, and that is the report in regard to German measles. We have many cases in Rockford. There is hardly a day but that I see a case. They are typical. But I have seen no swelling of glands. They occur in adults and children. Very little treatment has been necessary. In our schools the pupils have to have a certificate of health after an attack of the measles. I would like to know if there is any reason that we should prohibit their attending school or that makes it necessary for them to have a certificate. In many of these cases I have got previous history of measles.

Dr. F. J. Shipp:

Doctor Ingals must have misunderstood me. The children must be kept clean. It was only during the first twenty-four

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hours after birth that no water bath should be given. But the child should always be kept clean.

Dr. G. W. Jones:

I wish to heartily endorse the course laid down by Doctor Shipp for the care of a new baby during the first twenty-four hours. As regards the remedy suggested by Doctor Ingals. I have had some bad results with chloral in the way of depression. I do not consider it (as a rule) safe to give to a child under six months. Regarding the aseptic treatment of diarrhœa, I referred to no special line of treatment, as I am preparing a paper upon this special topic for the coming session of the American Medical Association. Amongst other things, I use glycerine and a solution of bichloride. Glycerine is a real germicide and can be easily obtained. Oil of turpentine and all remedies of this class are more or less beneficial given in small doses and frequently. As to German measles, I have had a good many of these cases where there was no post-auricular enlargement. There was this rapid development of the rash and the feverishness and the entire subsidence of all symptoms in a few hours, and I have been puzzled where to place such cases. I have reported them usually as epidemic roseola. The word rotheln, I believe, is the same as scarlet rash, which term I like as well as any other. It is quite harmless and leaves no bad effects in any way. Regarding measles the same fact is true as in Chicago, it has been remarked in the country how many cases are secondary. This epidemic is general almost over the state.

Dr. S. S. Bishop:

Said he had not the pleasure of hearing all of Doctor Jones' paper, but would like to ask him as to the unpleasant effects of chloral; in what way it manifested itself.

Doctor Jones, in reply, said that the unpleasant effects were in the way of depression and respiratory symptoms. He had tried it in cases of labor. He tried it four times, and then quit. It seemed that the rapid absorption by the mother affected the child.

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